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GEORGE H. ROHÉ, M. D., EDITOR.

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THE
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BOSTON MEDICAL LIBRARY ASSOCIATION

ORIGINAL ARTICLES.

ARTICLE I.

THE CONFLICT OF RATIONAL, SCIENTIFIC MEDICINE WITH HOMŒOPATHY.

By JNO. S. LYNCH, M. D.,
Prof. Principles and Practice of Medicine in the College of Physicians and Surgeons, Baltimore.

Professional attention has recently been strongly drawn, or rather revived, to the irrepressible conflict which has been going on for many years between rational medicine and homœopathy, by the new and startling departure of the New York State Medical Society, in regard to the ethics of consultations. This conflict has of late years been, on the part of the regular school, rather silent and passive than noisy or aggressive. It has been content simply to ignore the homœopath and his system, treating both with supercilious contempt; or at most only resenting the latter's inroads upon its practice by a sarcasm, a sneer or an epithet. It is only in our colleges that we have an occasional lecture usually of a facetious character on homœopathy, or perhaps a youg graduate possessed of more zeal and passion than discretion, roundly denounces it as a humbug or as quackery.

In the mean time homœopathy has been waging an active, zealous war upon the old school, and invading its domain in every direction, and extending its own influence, increasing its patronage and improving its standing. Numerous colleges have been established where anatomy, physiology, chemistry, pathology and operative surgery in all its branches, are correctly taught, and we cannot now, as we could twenty-five years or so ago, hurl at the homœopath, justly, the epithet of quack, for he is now, as a rule, no longer an "ignorant pretender."

It is perhaps, therefore, fortunate that the New York State Society, by its extraordinary action has roused professional attention and stirred the sluggish waters of this contest. And while this action has received almost universal condemnation at the hands of local, state and national societies, and is not likely to have any imitation, I for one am inclined to rejoice at their action. If, as is asserted by the defenders of the New York Society, their object was to bring the two schools into more intimate contact, and thus give the homœopathists an opportunity to perceive the superior merits of the old school practice and contrast its methods and results with their own, then their motives were laudable, and they rather deserve thanks than condemnation. But if, as has been strongly hinted, their action was dictated or inspired by a few specialists of New York and other cities who were simply "hungry for the flesh pots" of the homœopathic Egypt, of course, they can only receive the unqualified condemnation of all right-thinking men, both professional and lay. In any event, I believe that the action of the New York Society will eventuate in good to the cause of true science, by reviving attention to the subject, and causing a more thoughtful consideration of the best means of carrying on the contest with error. Following, I propose to suggest a few thoughts upon this conflict, and to point out one mode at least by which our position in it may be improved, as my own contribution to the cause.

I have already stated that the homœopath of to-day is no longer the ignorant quack, in our country at least, that he was a few years ago. Their colleges with full faculties composed of teachers as able and, as far as I know, as conscientious as the majority of the old school colleges, give to their Alumni as complete and thorough an education in every branch of medical science except practice of medicine and materia medica, as can be obtained in most regular colleges.

They accept students from regular schools and credit them with the time or courses completed in those schools. And any graduate of a regular school who, for any reason, desires to adopt the homœopathic system of practice, is at once admitted into full fellowship in their societies, and warmly welcomed. It is from this source that the ablest and best practitioners of homœopathy have been recruited. However we may suspect the motives of these recruits; however much we may doubt their honesty in adopting the new system, we cannot call them quacks. They may be dishonest, they may be practicing or pretending to practice a system they do not believe in, and may be merely "trading upon a particular designation," but we cannot accuse them of being ignorant pretenders without depreciating our own schools, which have sent them forth and given them authority to practice medicine.

And herein lies one of the disadvantages under which we labor: An intelligent and thoroughly educated graduate of a regular school may, if his convictions or his interest incline him, take up homœopathy, and is at once received into full fellowship, and is perhaps more highly esteemed by the members of that school because of the thorough training he has received in a regular school. But suppose a homœopath or an eclectic (and my remarks apply to him as well as the homœopath) should at last be brought to see the folly of his ways; that the former has at last become incredulous about the tremendous potentialization of the 30th centesimal subdivision of a drop of tincture of aconite, or has been brought to see the absurdity of believing that a substance that will make you cough when given in physiological doses will *therefore* cure your cough if given in infinitesimal quantities; or that the latter has at last found out that iron and arsenic *are* good tonics in certain diseased conditions, or that mercury is a good, safe and reliable alterative and curative agent in certain specific diseases, how is he to reap the benefit of his new-found knowledge? He can no longer honestly practice homœopathy or eclecticism, and if he introduces the new methods and remedies into his practice as a homœopath or eclectic, he will be denounced by his associates and refused consultation or recognition. He is also refused admission to the societies and fellowship of the old school *under the present conditions.* He is forced, therefore, either to abandon the practice of medicine or to become a cheat and a fraud, pretending to practice a system that he does not believe in, and thus

to become dishonest and degraded in his own eyes. He can only gain admission into the ranks of regular medicine by going back where he began, and spending two years at a regular school, with the consequent loss of time and money involved in such a proceeding. He may be a man of advanced years, thorough culture and mature judgment. He may know as much of chemistry, physiology, anatomy, surgery, pathology and obstetrics as the lecturer whom he is compelled to listen to for two weary sessions. Still he has to sit for two years upon the hard benches which perhaps the beginning infirmities of age render specially hard to him ; and to associate with giddy boys whose indiscreet and thoughtless actions and conversation are excessively painful and offensive to his now well-formed religious beliefs and moral convictions. *This is the only door through which he can pass into the temple of true scientific medicine.* Can it be wondered at that the homœopath or eclectic always remains such, when it is thus made so difficult to return to the true science and retrieve what was perhaps originally an error in judgment ; and is it surprising that homœopathy should occasionally be recruited by some valuable men from the old school, and its ranks continually be swelled in numbers and influence, while regular medicine never derives any benefit by a reverse process ?

Here, then, I think is one serious blunder committed by the old school ; a blunder that is seriously handicapping it in the conflict with homœopathy. I *know* that many young men and women who have graduated at homœopathic schools, would gladly become regular practitioners if they could ; but they have already spent three or perhaps four years in study ; have exhausted all their pecuniary resources in the mean time, and it is simply impossible for them to go through two years more of study, with the necessary expense involved. They, therefore, unwillingly perhaps, and half-hearted, begin practice, and either fail, or succeeding, finally become satisfied with their methods of practice, and learn to believe in them. The voice of conscience becomes gradually stilled. In their youthful inexperience they look upon every recovery as a *cure*, and soon become astonished at their own apparent success, and having no means of comparing the measure of their success with that of others, soon become convinced that homœopathy or eclecticism, as the case may be, is the only correct method of practice, and that *they* are the most successful members of their several schools. Some measure, then,

ought to be adopted by which well educated irregulars, as they are offensively (perhaps unjustly) called, may be permitted without serious loss of time or unnecessary expense, to enter the walks of the regular profession. In all save materia medica and therapeutics, a graduate of a well equipped homœopathic or eclectic school is as well prepared to practice medicine as the graduates of other schools. The physiological effects and therapeutic uses of all of our really useful medicines can be learned by any young man or woman, of average intellect and cultivation, in less than a month if that is made the sole subject of study, and there can be no good reason, apart from the mere pecuniary interests of our colleges, why they should be compelled to study for two years.

As one of the means, therefore, of strengthening us in this fight, I suggest that all of our colleges should be opened to the graduates of all other well equipped schools of whatever pathy, upon the same terms that they extend to the graduates of regular schools, viz: one-half the regular fee if graduates of less than three years standing, and upon paying the matriculation fee, only, if over three years; and that they may be permitted to take their examinations for the degree of Doctor of Medicine, after attending one course of lectures only.

I firmly believe that if some such measure as the foregoing were adopted, our ranks would be recruited by many able, earnest and conscientious workers, while those of the irregulars would be correspondingly depleted. Certainly it would strengthen us far more than by offering them the courtesies of consultation, which they do not ask for, and which their own good sense will tell them can result in no benefit whatever to their patients.

In speaking of homœopathy, I have recognized existing facts, and regarded it as a successful, or at least a popular system of medical practice. In many of our large cities (and it is in them that it secures the largest amount of patronage) it is quite popular and successfully competes with the old school for a large share of popular support. But I do not wish to be understood as committed to the belief, that this state of facts is bound to be, or indeed is likely to be permanent. It is now at its zenith of popularity in the United States, and occupies the position here that it did in Europe twenty-five or thirty years ago. *Now* it is virtually dead on the continent, for I am informed that, except two chairs in the University of Pesth in Hungary, there is not a single homœopathic college or pro-

fessorship in any European country except, perhaps, in Great Britain, where it is inevitably dying the death which sooner or later overtakes all errors and delusions. Though for a while it captivated the fancy of the multitude, and even secured the erection of a monument to Hahnemann, it could not stand the ordeal of trial, and is speedily being consigned to the limbo of forgotten isms and errors. There cannot be the least doubt that it will eventually meet the same fate in this country, and people and perhaps even physicians, who are now living, and now believe in it, will, in a few years, wonder how they could have been so deluded. Such a consummation is most devoutly to be wished, and surely we ought to do all we can to hasten it. Can any more effectual means be adopted to secure this end than opening our colleges to homœopaths, admitting them to our clinics, and thus giving them an opportunity to compare the rational and scientific teaching of true medical science with the irrational, absurd and credulous theories of their own schools, and to observe and compare the results of our practice as exemplified in our clinics, with their own?

ARTICLE II.

SOME POINTS CONCERNING ANESTHETICS AND THEIR ADMINISTRATION.

A LECTURE

By GEO. H. ROHÉ, M. D.,
Professor of Hygiene and Clinical Dermatology, College of Physicians and Surgeons, Baltimore.

I. HISTORICAL OBSERVATIONS.

The first attempts at procuring anesthesia during surgical operations by means of inhalation, are recorded by Theodoric of Cervia, Gilbert and Guy de Chauliac. A *confectio soporis* is mentioned by the first named author, which appears to have consisted of a strong decoction of opium, conium, hyoscyamus, mandragora, lactucarium and other vegetable narcotics. With this a sponge was saturated, and the patient allowed to breathe the vapor until a certain degree of

stupefaction resulted. These records date from the 13th century. This soporific appears to have been the invention of one *Master Nicholas*, the President of the Medical School of Salerno in the twelfth century. Porta speaks (in the 17th century) of an ethereal substance which produced sleep and insensibility to pain during surgical operations.

About the year 1800, Davy made known his observations on the intoxicating effects of the inhalation of nitrous oxide, or as it was generally termed, "laughing gas." These observations, and the expressed opinion of Davy, that by means of this gas surgical operations could be rendered painless, caused intense excitement throughout Europe, and many experiments were made to test the effects of the compound. It was soon demonstrated however that the effects of the gas were too evanescent to be of much service as a surgical anesthetic. The search for such an agent was thereafter generally conconsidered a hopeless one, and only ten years previous to the demonstration of the anesthetic effects of ether, by an American chemist in the city of Boston, the great Velpeau declared in his treatise on Operative Surgery: "The attempt to destroy all pain during surgical operations is a chimera, which it is hardly permissible to follow at the present day." Velpeau was not the first who discovered that even seeming impossibilities become possible as experience becomes greater and knowledge advances.

What a scene of intense anxiety must have been that presented in the surgical amphitheatre of the Massachusetts General Hospital on the 17th of October, 1846, when Warren performed the first grave surgical operation under ether narcosis! The operation consisted in the removal of a large tumor of the neck. Try and imagine, in addition to the danger from hemorrhage, or injury of the pneumogastric nerve, the effect of an untried agent by which the patient was brought into a condition of deep narcosis, which must have appeared to the surgeon and his audience, itself a condition analogous to death! It is no wonder that at the successful termination of the operation Warren was saluted by a storm of applause that shook the building to its foundations? At this day, when this spectacle has become familiar through frequent repetition, one can form no adequate conception of the excitement under which that class of students, the invited physicians, and the operator and his assistants labored. The news spread throughout the world, and ether was hailed by surgeons and their

patients as the greatest boon vouchsafed to suffering humanity. For a while ether retained this supremacy, but was soon supplanted in favor by its more popular rival, chloroform, which was introduced by Sir James Y. Simpson, the great obstetrician, who gave an account of his observations and experiments on chloroform narcosis to the medical society of Edinburg less than fifteen months after the first successful use of ether as an anesthetic. This was a more agreeable and more rapidly-acting agent than ether, and rapidly superseded the latter anesthetic. But this rose was not without its thorn, for within a year after the researches of Simpson had been published, six deaths during chloroform anesthesia had occurred in England and France, and by the end of 1849, two years after its introduction, the number slain by chloroform was fifteen.

Under all this excitement two cities remained true to the claims of ether as an anesthetic, and were not carried away by the excitement for chloroform. These were Lyons, in France, and Boston, in this country. Only few surgeons in these two cities gave up the safer anesthetic for the more agreeable and convenient, but more deadly agent.

The adjective "deadly" may be objected to by those who are unfamiliar with the ghastly mortality from this agent. Facts are the only things wanted in this enquiry, and I shall presently refer to the record of full, authenticated deaths from chloroform administered for surgical purposes.

In 1867, Dr. B. W. Richardson of London, introduced a new anesthetic to the profession. This compound is called Bichloride of Methylene, or Chloromethyl. So far as I have been able to ascertain only one prominent surgeon, Spencer Wells, uses this anesthetic, and expresses himself as thoroughly satisfied with its action. He has seen no dangerous effects from its use. Between 1870 and 1875, however, *nine* deaths were reported from this anesthetic in England alone. In addition to these several others have deen reported where the bichloride of methylene was mixed with ether.

In 1840, Mr. Nunnely of Leeds, experimented with hydrobromic ether, since called Bromide of Ethyl. His experiments attracted little attention however, until in 1878, Dr. Laurence Turnbull of Philadelphia read a paper before the Pennsylvania State Medical Society upon its apparent advantages as an anesthetic. Dr. R. J. Levis of the same city took it up, and in January, 1880, published the results

of his observations during the preceding year. Within two months Dr. J. Marion Sims had reported one death, the first and only instance in which he had used it, and within six months another death under its influence was reported by its foremost defender, Levis. Thus, "the best anesthetic known to the profession," (Levis), was buried, it is to be hoped, never again to be resurrected. In the course of a discussion before the New-York Academy of Medicine on the fatal case of Dr. Sims, Dr. E. R. Squibb made the following pertinent remarks:

"I think, as a chemical principle, those ethers are the least dangerous which are most simple, and which yield by decomposition, innocuous elements. Nitrous oxide is decomposable into innocuous elements, so is the oxide of ethyl. In the bromide of ethyl (not really an ethyl), the oxygen is replaced by bromine to the extent of 73 per cent., the other 27 per cent. being the ethyl. Now the simplest anesthetics are the easiest borne. Bromine is an irritant poison. Bromide of ethyl is an easily decomposed compound. If, therefore, it be decomposed, and its irritant element the 73 per cent. of bromine goes into the system, it is easy to understand that grave effects might be produced. An analogy exists in the case of chloroform, which contains 89 per cent. of chlorine, two atoms of which in toxic effect are not equal to one of bromine We can illustrate still further by supposing an arsenite of ethyl. If this argument have any value, we can, I think, understand why compound ethers are most dangerous, a fact that agrees with Richardson's observations."

II. What Anesthetic should be Used?

Fifteen years ago I stood by the bedside of a boy with uremic convulsions following scarlet fever. During the convulsive attacks, I administered inhalations of chloroform, with the effect of always promptly relieving spasmodic action. I kept my finger on the pulse and watched as closely as I could the character of the respiration. Owing to the convulsions, the respiratory rhythm was of course irregular. While giving him the chloroform during one of the attacks, I uddenly lost the pulse at the wrist, saw him become relaxed and deathly pale. I threw away the handkerchief from which I had given the chloroform, compressed the thorax forcibly and attempted to restore the natural respiratory movements by alternately compressing the chest, and raising tne chest walls with the hands under the ribs.

All efforts were useless however, and I soon came to the sad conclusion that the patient was beyond human help.

Thus, at the outset of my student-life I was brought face to face with probably the most terrible accident that can befall a surgeon. I was accused by the patient's family of having caused his death. I have tried to divest myself of the belief that the boy died from the effects of the chloroform. I have told myself over and over that the poison circulating in his blood, and which was the cause of the convulsions was also responsible for his death, and I hope it was; but, the more I see or read of the effects of chloroform, the more am I convinced that the poor boy's relatives were correct in their inference.

Standing by that bedside, at an impressionable age, I imbibed a horror of chloroform of which I have never been able to divest myself. I have since then given it frequently, but always under a spoken or implied protest. I have tried to learn in what its fatal action consisted, and if it could not possibly be avoided. Instead of losing my aversion for it, this has grown stronger with each year until I have become a radical so far as chloroform is concerned. If there is one thing in the world that I would irrevocably destroy had I the power, it is chloroform, because I firmly believe that the good it has done, and is capable of doing is more than counterbalanced by its fatal and pernicious effects in so many recorded instances.

With the experience just related ever fresh in my mind, I have closely studied the literature of anesthesia during the past ten years. The result of that study is, that there are before the profession to-day, only two anesthetics having any claim in a discussion of the superiority of one or the other of such agents. These are, as you well know, Ether and Chloroform. Which shall we use?

I assert, on the basis of large clinical and experimental evidence, that ether is the safer anesthetic of the two; that, if properly administered, it is equally as effectual as chloroform, and that if these two propositions can be established, chloroform should be entirely supplanted by ether in all surgical operations.

Let us examine the evidence in detail.

Without going over all the experiments and theories based upon them, which have been the results of the numerous investigations into the action of anesthetic agents, I will only refer to a few of the most recent, and presumably the least inaccurate.

The psychical effects of chloroform and ether are so familiar, that it is unnecessary to describe them here. It will be sufficient to state that the phenomena of anesthetics are generally divided into two stages: The stage of excitement and that of total loss of sensibility.

The effects are conveniently divided into those on the circulation, respiration and the nervous system.

The pulse is increased in the beginning of chloroform narcosis, and later becomes slow and soft. Sphygmographic tracings made during chloroform narcosis show marked monocrotism, and rounding of the apex of the curve. This effect seems to indicate that the muscular contractility of the vessels is lost and that the return to the normal calibre is due alone to the elasticity of the elastic coats of the artery. Hence we may conclude that the vaso-motor nerves are paralyzed during deep chloroform narcosis. The anacrotism can only be due to depressed innervation of the circulatory system.

The congestion of the skin and redness of the lips, present in the first stage of chloroform anesthesia, gradually disappear leaving the patient pallid; and if the respiration becomes irregular, bluish.

There is usually a slight decrease of temperature during the narcosis, amounting on the average to about 1°Fahr. In most cases the temperature returns to the normal within a short time. The breathing is generally irregular, spasmodic, sighing, or shallow and increased in frequency. Sometimes the tongue falls back and the larynx is closed by the epiglottis, causing alarming symptoms of apnœa. During the deep stage of narcosis there is generally snoring respiration. There is frequently cough, especially at the beginning of the inhalation. The pupil at first dilates, and as total unconsciousness and insensibility approach contracts to one-half or less of its former size. A rapid dilatation during deep narcosis is generally coincident with dangerous symptoms, such as failure of the circulation. During deep anesthesia there is want of association of the ocular muscles on the two sides.

There is usually vomiting in chloroform narcosis.

Owing to peripheral stimulation of the nerves, the secretions of the salivary and bronchial glands are increased.

The sensibility of the cornea persists longest. Operations about the extremities can be performed painlessly, while strong reflex symptoms persist when the conjunctivæ are touched.

EFFECTS OF CHLOROFORM ON THE BLOOD, RESPIRATION AND OTHER FUNCTIONS.

Chloroform destroys the red blood corpuscles and sets the hemoglobin free from its combinations. Some authors have considered that the effects of the chloroform depended on this lytic action on the blood constituents; believing that blood so changed is incapable of carrying on the proper nutrition of the system. Others have found that chloroform produces a paralysis of muscular fibre when directly applied to it. It is however not demonstrated that the blood corpuscles in an individual anesthetised with chloroform undergo that destruction which takes place when chloroform is added to the blood outside the body. McQuillan has shown, in fact, that chloroform, ether or nitrous oxide added in vapor to the blood out of the body does not produce that destruction or change of form of the corpuscles noticed by Boettcher, Hermann and others.

Bernstein opened the aorta of frogs and after the blood had ceased to flow, washed out the vessels with a ½ per cent. solution of chloride of sodium. Chloroform administered to frogs treated in this manner still produced its effects, showing a direct action of the chloroform on the nervous system.

From further experiments of Bernstein and of Schenck, it appears that this effect takes place on the nerve-centres and not on the nerves at their periphery or in their continuity.

Bernstein found that if the spinal cord of the frog was divided between the third and fourth vertebræ and the frog chloroformed, the lower extremities still re-acted to impressions. while above the point of section reflex action had disappeared. Taking into account the peculiarity of the spinal circulation in the frog, this throws much light on the action of the anesthetic. This arrangement is as follows: The cerebral and spinal blood supply enters the spinal canal at the upper portion of the medulla oblongata, and forming a vascular circle with the vessels of the opposite side, the vessels go upward to the brain and downward supplying the cord. In section of the cord, at the third vertebra, the blood-supply is cut off from the cord below this point. The general blood-supply to the tissues (including, of course, the nerves) is however not interfered with. But none of the chloroform-laden blood reaches the motor and sensory centres in the spinal cord, and so reflex action in the tract below the point of section is not abrogated. This is a very important observation, inasmuch as it demon-

strates that the paralysis of sensation in chloroform narcosis has its seat in the spinal cord and not in the peripheral terminations of the nerves.

Other experiments appear to show that the nerve fibres are not affected by the anesthetic, but that the ganglion-cells are the structures influenced, and that the centres of sensation are earlier affected than those of motion. Thus the heart and respiratory muscles continue acting after all reflex phenomena have ceased.

Binz has shown that narcotic substances such as ether, chloroform, morphia and chloral hydrate possess the power to produce a coagulation of nervous substance. Volatile anesthetics also dissolve protagon, and Hermann seeks in this action an explanation of their effects. But even if it were proven that such is the case, the explanation would be defective.

Chloroform paralyses the vaso-motor centres and so lowers blood pressure. This seems to be clearly shown by the experiments of Scheinesson, Koch, Bowditch and Minot. There also seems to be a direct action of the chloroform on the heart.

The reduction in temperature during chloroform narcosis is positive and dependent upon diminished heat-production, not increased heat radiation. The decrease of heat-production is probably due to diminished tissue-change. Chloroform acts directly on the respiratory centre and not on the terminations of the vagi which supply the lungs.

But while it is now known that the direct action of the respiratory centre in the medulla is automatic and not reflex, the fact remains that stimulation or section of the vagi materially modifies the character of the respiration.

The pupil is first dilated and afterwards contracted in chloroform anesthesia. Raehlmann and Witkowski conclude from the results of experiments and the observations of others that dilatation of the pupil is not merely dependent upon the influence of light, but also upon sensory and emotional impressions. Hence an irritation or stimulation of any sensory nerve produces dilatation of the pupil, but in deep chloroform narcosis and in natural sleep the pupil remains contracted because sensation has been abolished.

One of the most annoying and at times dangerous complications of chloroform anesthesia is vomiting. In at least one-third of all cases

vomiting occurs, *during* the anesthetic stage; the patient generally awakes and the operation is interrupted.

The vomiting may become a dangerous complication, as vomited matter may pass into the trachea and cause death by asphyxia. In protracted anesthesia vomiting is rarely absent. Psychical excitement, sometimes amounting to actual mania, may remain after awaking from the narcosis.

Irregularities and interruptions of the respiration not unfrequently occur during the anesthesia. In the beginning of the inhalation, the breathing may be interrupted by reflex irritation of the laryngeal nerves, but the most dangerous symptoms occur later, when complete relaxation has been produced by the anesthetic. The tongue drops back and closes the glottis, giving rise to symptoms of asphyxia. These symptoms are in general easily removed by drawing forward the tongue and resorting to artificial respiration.

The most alarming symptoms occur, however, in connexion with the circulatory system. It is here where the grave dangers of chloroform narcosis lie. The heart ceases to act, the skin of the patient becomes deathly pale. There are a few quiet inspirations and expirations, the eyes open with widely dilated pupils, and all is over. There is no accident in surgery before which the surgeon stands so entirely helpless as in heart failure during chloroform narcosis. There is no means to avert it, and no probably certain remedy after it has come on. Up to the end of 1878, 370 deaths had already been reported as having occured from chloroform. It is probable that this number represents less than half the actual number of deaths from this cause. As an evidence of this, I need only say that while I have knowledge of 3 cases of chloroform death in this city, only one has been reported in a medical journal, and this one is not included in the above number given, as I have satisfied myself by examination. Kappeler, a strong advocate for chloroform, says: "I must admit that, owing to the prevalent fear of public opinion, hardly half of the actual deaths from this cause are published."

(TO BE CONTINUED.)

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SPECIAL CHRONICLE.

A YEAR'S PROGRESS IN SURGERY. I.

By J. H. BRANHAM, M. D.

During the past year many advances have been made in general surgery. One of the most important recent operations that has been largely developed during the last twelve months is *nerve stretching.*

It has been employed in various diseases, but has found most favor in *locomotor ataxia.*

It was first done in this disease by Langenbuch of Berlin, in 1879, who claimed that it gave great relief, not only benefiting the shooting pains, but improving the sensation and motion.

Dr. Bastian of University College Hospital reports two cases. The operations were done by Mr. Marshall, who cut down on the sciatic at the middle of the thigh and hooking his finger under it, thoroughly stretched it. In the first case operated on February 5th, 1881, the result was improvement in the sensation and motion of the limb, which was accompanied by considerable elevation of temperature in the part.

In the second case the improvement was very slight, and the rise of temperature small.

Brown-Sequard first called attention to this rise of temperature, which is explained by partial vaso motor paralysis. The improvement of nutrition caused by the increased vascularity of the part probably explains the benefit to motion and sensation which often follows the operation.

Dr. G. M. Hammond reports a case of *athetosis* relieved by nerve-stretching. (*Trans. of Am. Neurological Ass'n, 1881.*) The median nerve was slightly stretched near the middle of the arm. On coming from under the anesthetic, the patient could hold his fingers in any position he wished, and has had no return of the disease since. The patient had been suffering from pain in the foot, and epileptic attacks. The first was entirely relieved and the latter much lessened.

Dr. Julius Althaus, (*Brit. Med. Journal*, Jan. 7th, 1881), cites five fatal cases of nerve stretching in *tabes dorsalis.* He thinks that the cause of death in most of these was shock to the medulla oblongata, caused by undue violence.

Mr. R. M. Simon (*Brit. Med. Journal*, Feb. 23d) has done this operation in a case of *infantile spinal paralysis*. The nutrition and motion of the limb were both much improved.

Mr. F. A. Southam (*Lancet*, Aug. 27, 1881) reports two cases of *clonic spasm* of the sterno-mastoid and trapezius muscles, in which the spinal accessory nerve was stretched. In both cases there was slight temporary relief.

Dr. W. J. Morton (*Med. Record*, March 4th, 1882) has, 1. stretched both sciatics in a case of *lateral sclerosis* with marked relief

2. A case of *paralysis agitans*, the left sciatic stretched with slight improvement.

3. A case of *athetosis*, ulnar and median nerve stretched with great improvement, only slight numbness of hand and occasional twitching of the thumb remaining.

4. A case of *chronic transverse sclerosis*, both sciatics stretched: temporary, but no permanent benefit.

5. *Sciatic Neuralgia* cured by stretching the nerve.

6. *Reflex Epilepsy*. Touching the right side of wound caused an attack; the brachial plexus was stretched and the number of seizures diminished.

Thiersch is reported by Dr. G. S. Walton (*Boston Med. and Surg. Journal*) to have stretched both sciatics in a case of *spastic spinal paralysis*, one of *spinal paraplegia* and two of *tabes dorsalis*, all without benefit, even the shooting pains in the last remaining as before. M. Berger (*Le Prog. Med.*, No. 11, 1882) has had great success in a case of *paralysis agitans* from stretching the sciatics.

Fieber (*Allg. Wien. Med. Zeitung*, 1881, No. 50) describes a *new method* of stretching the sciatic. The ankle is super-flexed, the knee extended, and the thigh is then forcibly flexed on the abdomen. By this method the benefits of the operation can be obtained without many of its dangers, and it can be repeated when necessary.

Dr. J. W. Chambers, of this city, has done this operation (*subcutaneous nerve stretching*) in three cases of sciatica, with marked benefit.

Dr. R. A. Kingman (*Boston Med. and Surg. Journal*) reports two cases in which Dr. Gray *trephined for epilepsy*. In both, there was a history of injury. The first had lasted a year, beginning shortly after a fall on the head which had rendered him unconscious. The attacks ceased 3 years since; two months since a feeling of oppres-

sion and tenderness at a circumscribed spot on the top of the head, came on. Since then, he has suffered from insomnia and delirium. On September 22d, 1881, a piece of bone one inch in diameter was removed. This and the underlying dura mater were apparently healthy. The operation and after treatment were conducted with the strictest antiseptic precautions. The wound healed rapidly, and the patient was entirely relieved.

The second patient was supposed to have received a fracture of his skull two or three years since. He had suffered from severe epileptic convulsions for two weeks. The operation was similar to the one in the previous case, but was without benefit.

Abdominal surgery has made rapid advances during the past year.

Gastro Enterotomy first done by Billroth, has been frequently repeated. Twelve cases have been tabulated by Henck (*Wien. Med. Blaetter*, May 18, 1882). One was for stricture of the pylorus, caused by ulceration, the other for cancer. Four of these cases are still alive, and another lived four months.

Cholecystotomy. The abdomen over the tumor is opened, the gall bladder is thoroughly stitched to the lips of the wound, and is then opened and washed out. A drainage tube is then inserted, and the cavity left to granulate. This operation was first done by J. Marion Sims in Paris, in 1878; the patient died. Lawson Tait reported to the International Medical Congress a successful case. Dr. Ransohoff, of Ohio, (*Med. News*, July 1, 1882), reported a case to the *Am. Med. Ass'n* at the meeting in June. He had diagnosticated impacted gall stone, and had confirmed this diagnosis by the use of the fine needle of an aspirator.

Hepatotomy. Lawson Tait, in the paper referred to above, reported five case of *hydatid*, and one of *cystic abscess of the liver* in which he had cut down on that organ, stitched it to the abdominal wall and drained the cavities. All the cases recovered.

Dr. Ransohoff (l. c.) has done this operation in a case of *hepatic abscess*, with recovery.

Dr. Tait has done a similar operation six times, for *cysts of the kidneys*, and once in *splenic abscess*. All the cases recovered.

He has opened, and introduced a drainage tube into twelve *pelvic abscesses*, with eleven recoveries. He has operated six times for *Fallopian pregnancy;* five of the patients surviving.

Dr. Nathan Bozeman (*Proc. of N. Y. Pathological Society, in Med. Gazette*) showed a *cyst of the pancreas* which was before operation supposed to be an ovarian cyst. The disease had lasted seven years. The cyst was removed as though it was ovarian, and the patient made a good recovery.

Dr. Schmidt of Moscow, operated on a young man 21 years old, who had been suffering for a long time from *purulent peritonitis*. The abdomen was opened from the umbilicus to the symphisis pubis and cleaned out as much as possible without injection. Drainage-tubes were then introduced. The strictest antiseptic precautions were employed. The patient recovered in two months.

S. Rosenstein reports the case of a boy 10 years old who was suffering from a *pericardiac effusion* which the hypodermic syringe showed to be purulent. An incision was made between the 3d and 4th ribs, near the sternum, antiseptic measures being used. A large amount of pus was evacuated; the pleuritic cavity was found also to contain a purulent effusion, and this was also incised. The patient recovered in 10 weeks.

Sponge Grafting. Mr. D. J. Hamilton (*Edin. Med. Journal*, Nov., 1881) calls attention to this as a new method of assisting the filling of cavities by granulation.

The sponge is first placed in nitro-muriatic acid to remove the siliceous and calcareous salts. The excess of acid is neutralized by liquor potassa; it is then soaked in a five per cent. solution of carbolic acid for some months. Mr. H. thinks that the capillaries in granulation tissue are not new vessels, but are displaced from the surrounding parts by the outgrowth of granulations and the force of the heart. These capillary loops are forced into the insterstices of the sponge, which soon becomes filled with organized material. The animal matter of which the sponge is composed is finally absorbed.

He first confirmed his opinion on animals and then operated on the human subject. The first patient was a woman suffering from an ulcer on her leg five inches in diameter. One large and several small pieces of sponge were placed in this and the whole covered by an antiseptic dressing. On account of putrid discharge he was compelled to irrigate this with carbolic acid solution on the 3d day. In less than two months the whole was covered with epithelium. The leg at this time was 21 inches in circumference, the opposite being 19.

A large cavity left by the removal of a cancer from the breast was

treated in this way. This healed rapidly; the wound and sponge remaining antiseptic.

Transplantation of Bone. Dr. Mac Ewen, of Glasgow, reports a successful case. The patient was three years old. All of the humerus except the epiphysis had been removed for necrosis. Fifteen months after the operation, as only a small bit of bone connected with the upper extremity of the humerus had formed, he determined to try transplantation. Small pieces of fresh bone were placed in contact with the upper epiphysis. These soon united to the adjacent healthy bone. This was repeated several times, and finally, the two extremities united together. The bone is only half an inch shorter than the opposite.

Nicoladoni (*Centralblatt f. Chirurgie*, Nov. 5, 1881,) reports a case of *pes calcaneus*, in which there was paralysis of the gastrocnemius and soleus muscles. After dividing the tendo-achillis the tendons of the peronei muscles were transplanted to the stump. The wound healed without suppuration, and the patient's walking and the movement of the foot were improved.

Reduction of a dislocated 3d cervical vertebra of four months standing, is reported by L. C. Gray (*Annals of Anatomy and Surgery* Feb., 1882). The patient was a boy fifteen years old, who had produced the dislocation in attempting to turn a somersault. The bone projected backward and the spine was rotated to the right.

There was hemi-paresis on the left side, and the patient could only swallow liquids in small quantities. The patient was etherized; counter-extention was made by sheets over the shoulders, and the head was firmly extended and rotated to the left, This was repeated three times, when the dislocation was reduced. The patient recovered rapidly.

Prof. Volkmann of Halle, has been chosen successor to Langenbeck at the University of Berlin. He is one of the boldest and most progressive of German surgeons, and will be remembered for his brilliant defence of antiseptic surgery at the International Medical Congress last year.

Our Advertisers are strictly reliable. Our readers are requested to refer to The Medical Chronicle in corresponding with them.

CURRENT LITERATURE.

THE PHYSICIAN HIMSELF; AND WHAT HE SHOULD ADD TO THE STRICTLY SCIENTIFIC. By D. W. Cathell, M. D., late Professor of Pathology in the College of Physicians and Surgeons, etc., etc., Baltimore. Cushings & Bailey, 1882.

Success in the practice of medicine requires, in addition to the most thorough professional attainments, a number of other qualities which many practitioners lack entirely or in part. Prof. Cathell sums up these qualities under the collective expressions *professional tact and business sagacity*. Seeing how large is the number of physicians who are unsuccessful in practice, the author has jotted down the experiences and observations gathered during a long and exceptionally successful life, and has made what every one must agree is an exceedingly interesting and instructive book. The genial Dr. Oliver Wendell Holmes, in one of his inimitable addresses, advises the young physician to keep a few noble models before him; to lay down an outline of the life of some honored master in the profession, and to endeavor to follow that in his own life. Dr. Cathell not only points out the things to be done if one would succeed in practice, but he also lays particular stress upon the rocks and quick-sands to be avoided in the course of the young physician's career. One of the most valuable things about the book is, that it is the outgrowth entirely of the author's own experience, or of his close observation of the career of his contemporaries. Dr. Cathell has made a thorough study of the habits and customs of his brother physicians, and has hence produced a book of the most intensely interesting character. Why Dr. A— is so very successful; why Dr. B— is, with an equal amount of brains, much less so; and why, finally, Dr. C— with more brains than either, has entirely failed in acquiring even a moderate living out of his practice, are all as plain to our author's vision as the simplest problem in geometry.

The book has an interest for all physicians, both young and old. The latter, if unsuccessful, will read in it the causes of their failure, and may retrieve, perhaps, some of the lost ground; but for the young physician just starting out in practice, we know of no work that will be so helpful to him in laying down that plan of life upon which Dr. Holmes insists with so much force in the address before quoted.

In all that Dr. Cathell says about the necessity for strict business habits and methods, of the conduct and relations of physicians toward one another, toward their patients and toward the public at large, there is not one word that can be construed into a deviation from the most rigorous construction of the code of ethics, or of that unwritten code which regulates the conduct of all gentlemen.

The book is excellently printed on heavy paper, and handsomely bound in green cloth, with polished red edges. The regular price of the book is $1.25. By special arrangement with the publishers, we can furnish it to subscribers of the MEDICAL CHRONICLE for *one dollar*.

EDITORIAL.

ABOUT OURSELVES.

The appearance of a new claimant for the favor of the medical reading public may seem to demand a few words of explanation.

There is at present no other monthly medical journal published within the limits of Maryland, Delaware and the District of Columbia. There appears to be no reason why, in this city—the metropolis of the south—a well-conducted medical monthly should not succeed. The editor believes that it will, and in this faith presents herewith the first number of THE MEDICAL CHRONICLE.

Each number will contain one or more *original communications* or *lectures*, upon subjects of practical interest to the profession. A *special chronicle* of the progress made in some department of practical medicine within the preceding year, will also be given each month. It is purposed to make this department of especial value, and the reports will in all cases be made by those who are thoroughly conversant with the literature of the subject under review. In this number we present the first part of a chronicle of *recent progress in practical surgery*, by Dr. J. H. Branham. The next number will contain a similar report upon the *surgery of the rectum*, now in preparation by Prof. B. F. Leonard.

The *book reviews* will in all instances be made by those qualified by special study to give a fair presentment of the topics discussed in

the work under review. Inconsiderate puffing and intemperate criticism will be alike excluded from the pages of this journal.

The *editorial* pages will be under the exclusive control of the editor who will endeavor to give fair and timely attention to all matters of importance to the profession. While primarily local in its interests, the CHRONICLE will endeavor never to deserve the charge of being provincial; matters of importance to the profession everywhere will be fairly discussed. In medical doctrine it will be *regular;* the adherents of special systems, pathies, isms, or doxies will find no space in its pages, and scant comfort in its expressions of opinion.

The subscription price—*one dollar per year*—is such a mere trifle that no one can object to the journal on the score of expense. In spite of its low price, however, a high standard will be maintained in its contributions.

For the convenience of gentlemen residing at a distance, we have made arrangements by which we can supply, to subscribers of the MEDICAL CHRONICLE, any medical book published in this country (except such as are exclusively sold by subscription) at a discount of *fifteen per cent.* from publishers' prices.

Trusting that our anticipations will not be disappointed, we launch our venture, freighted with hopes of a prosperous voyage.

SEWERAGE AND HEALTH.

An efficient system of sewerage in a city, which shall carry off all matters commonly included under the term *sewage*, which shall at the same time be durable and not increase those very dangers to health it is intended to remove, still remains a desideratum.

During the last two years we have heard much about the sanitary regeneration of Memphis, and many complimentary things have been said about the system of sewerage introduced there in 1880; but more recent publications compel us to doubt whether the advantages attained are as great as claimed by the author of the system and some of its enthusiastic advocates. Dr. Richard McSherry, in a paper lately published, (*Sanitarian*, July, 1882) presents pretty strong evidence going to show that the Waring system of sewerage has not succeeded as well as had been hoped, in Memphis. This, of course, is to be regretted for the future prosperity of that city, and of sanitary progress in general. But the experience of Memphis

has a more immediate interest for the residents of Baltimore for this reason : the Waring system of sewerage has lately been recommended as the best for this city, by an experienced and scientific engineer, officially appointed to investigate and report upon this subject. Now, while we are entirely agreed that the Waring system is a great advance upon the old system of large sewers, we are still more emphatically of opinion, and we are glad to coincide herein with Dr. McSherry, that no system of sewerage has yet been proposed which can be adopted to advantage in Baltimore.

Dr. McSherry is opposed, and justly so, to the continuance of the pernicious system of privy vaults. He proposes that these shall all be filled up with clean earth, and some form of earth closet substituted. The contents of these earth closets can be removed at short intervals before decomposition of the contents poisons the air and endangers the health of the inhabitants of the city.

Believing that the adoption of the Waring system of sewerage would be premature in this city, we cordially second the recommendations of Dr. McSherry, and trust they will soon be put in practical operation.

THE NATIONAL BOARD OF HEALTH.

The appropriation for the National Board of Health, in the current sundry civil bill has been cut down to such a small figure, that the publication of the *Bulletin* had to be suspended for want of funds. As the *Bulletin* is the official organ of the Board, in which many of the most important researches made at the instance of the Board, were published, it is to be hoped that a sufficient amount may be granted by Congress to permit of the continuance of this most valuable publication. We trust that all of our readers will feel sufficient interest in the important work carried on by the National Board of Health to appeal personally to their representatives in Congress, to vote the necessary appropriation for continuing the Board's usefulness. At the same time we think it would be advisable if some of the members of the Board exercised a little more discretion, or, if the alternative be preferred, refrained from talking such nonsense as is reported in the proceedings of Congress a few days ago, "that Baltimore was the finest plant for yellow fever possible, on account of its surface drainage." Such statements have not only a bad effect on business, but are based neither on fact nor reason.

FLOTSAM.

TAKE THE MEDICAL CHRONICLE for a year. You will learn something from it.

PROF. C. HUETER of Greifswald, one of the most prominent of the younger surgeons of Germany, is dead.

THE Michigan State Board of Health does more practical sanitary work than all the other State health organizations together.

THE PREVENTION of Venereal Diseases by Legislation, is the title of an excellent paper by Dr. A. L. Gihon, Medical Director, U. S. Navy, in the *Sanitarian* for June.

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THE SURGICAL SERVICE at the City Hospital will be filled during the summer by Professor Bevan and Dr. J. W. Chambers. Professor Coskery will take a much needed holiday.

ORDER your books and instruments through the MEDICAL CHRONICLE, and save *fifteen per cent.* on the published prices.

BILLROTH has been invited to accept the professorship of surgery in the University of Berlin to succeed Langenbeck, who has resigned. Billroth has declined the honor, preferring to remain in Vienna.

EVERY doctor ought to read THE PHYSICIAN HIMSELF.

AND NOW the physicians who made the autopsy of Guiteau are having a highly edifying disagreement about their respective shares in the credit (?) of signing the report. Wouldn't the vanity of the assassin be tickled if he knew how his name is kept before the public.

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THE VACANCY in the Faculty of the University of Vienna, by the death of Prof. Duchek, has been filled by the selection of Prof. Nothnagel of Jena. It was publicly acknowledged that there was no Austrian physician capable of filling the position with credit to the school.

THE

MEDICAL CHRONICLE.

BALTIMORE, SEPTEMBER, 1882.

ORIGINAL ARTICLES.

ARTICLE I.

SOME POINTS CONCERNING ANESTHETICS AND THEIR ADMINISTRATION.

A LECTURE

By GEORGE H. ROHÉ, M, D.
Professor of Hygiene and Clinical Dermatology, College of Physicians and Surgeons, Baltimore.

[Concluded from August No.]

To sum up then the experimental evidence: the experiments of Bernstein, Schenk and others appear to show that the effects of anesthetics are not due to any alteration of the blood, but to their direct action on the nervous centres. Elaborate experiments by these observers, show that the effects are not produced on the nerves in their continuity or at their peripheral terminations, but on the centres. Thus, the disturbing effects of chloroform and ether on the respiration are not due—except in the beginning of the inhalation—to irritation of the pneumogastric nerves, and hence reflex contractions of the respiratory muscles, but to a direct influence upon the respiratory centre in the medulla oblongata. The same experimenters have shown that the depressing effect of chloroform on the heart's action is due to an impression upon the circulatory centre; together with probably a paralyzing action upon the musculo-motor ganglia in

the heart itself. The paralysis of sensation in anesthesia has been shown to be the result of the action of the anesthetic upon the sensory ganglia in the spinal cord, and not upon the nerve fibres.

In experiments on animals, it has been conclusively demonstrated that chloroform exercises a depressing effect upon the vaso-motor centre, and so reduces the blood-pressure. Schiff, Scheinesson, Koch, Bowditch and Minot, and the committee on anesthetics of the British Medical Association, agree pretty closely on these points. Ether does not have such an effect on the blood-pressure.

The "Chloroform Committee" of the British Medical Association, made a report of their observations in 1879, from which I quote the following extract:

The committee refer to the familiar physiological experiment in which frogs are anesthetised to respiratory paralysis, then exposing the heart by cutting the sternum in the middle line and watching the effect of a further supply of the anesthetic on the heart. With chloroform the heart became rapidly weaker and soon ceased beating altogether. With ether, on the contrary, the heart continued beating vigorously for a considerable time.

"With a similar view," the committee says, "methods were devised for warm blooded animals. Rabbits were first used, and afterwards dogs. The animal was anesthetised, then the trachea was opened, a tube introduced, and artificial respiration begun by means of a double-acting pump (one cylinder forcing air in and another sucking it out). By an arrangement of india-rubber tubes, chloroform or any other anesthetic could be introduced in the circuit between the pump and the trachea. It is to be understood that in these experiments, the air passed into the animal's lungs was saturated with the vapor of the substance used. After artificial respiration had been set going, the heart was exposed by an incision in the middle line, which was carried by a pair of blunt scissors or bone forceps through the ensiform cartilage and lower part of the sternum. This was effected generally with no serious bleeding. It soon became apparent that when chloroform is given in this way, there is at once a most serious effect on the heart; the right ventricle almost immediately begins to distend, and the heart presently stops, with the right ventricle engorged with blood. The heart had often in the case of rabbits, virtually come to a stand-still within a minute of the introduction of chloroform by the method described. The contrast

was most striking when ether was used instead of chloroform, the other steps in the experiment being the same. Ether may be given for an indefinite period without interfering with the action of the heart. We kept up artificial respiration with ether in the circuit for an hour, not including twenty minutes occupied in producing anesthesia, and at the end of that time the exposed heart was beating as vigorously as at first."

The final conclusions of the committee are summarised as follows:

The chief dangers from chloroform, are:

(1) Sudden stoppage of the heart.
(2) Reduction of the blood-pressure.
(3) Alteration of the pulse-respiration ratio, and
(4) Sudden cessation of the respiration.

"The danger with ether approaches from the pulmonary rather then from the cardiac side —so that by establishing artificial respiration we have a means of warding off death."

I will rapidly run over the clinical evidence of the dangerous character of chloroform anesthesia. In man, as shown by sphygmographic tracings made by Kappeler in twenty-five operations during which only a small quantity of blood was lost, there was a uniform decrease of blood-pressure. The decrease was not uniform in ether narcosis. Anomalies of respiration, stertor, superficial breathing, sudden stoppage of the breathing, are more frequent in chloroform than in ether anesthesia. Cardiac syncope, as indicated by fluttering or inappreciable pulse, pallor, sighing respiration and cessation of hemorrhage from any wound are not unfrequent concomitants in chloroform anesthesia. Where ether is given these alarming symptoms are rarely or never seen.

The mortality from chloroform is immensely larger than that from ether. The discrepancy is not explained alone by the greater number of instances in which chloroform is used. Thus, taking the record of this city. In 1874, Dr. Jas. H. Butler reported in the *Baltimore Phys. and Surg.*, June, 1874, a death under the administration of chloroform for reduction of dislocation. In the same journal is another death from the same cause, reported from Slanesville, W. Va. In 1877, a negro man living in that section of Baltimore known as "old town," died under chloroform. Mention was made of this case in the daily papers, but I believe it was not reported in a medical

journal. The case before related makes the third in this city within 15 years, of which I have definite knowledge. It is currently rumored that there are several others.

In the *British Medical Journal* for Dec. 18, 1880, is published a table of all reported deaths from chloroform, ether, mixed vapors and bichloride of methylene, occurring in the United Kingdom of Great Britain from 1870-1880. The figures are as follows:

Chloroform caused - - -	120 deaths.
Ether " - - - -	11 "
Ether and Chloroform - - - -	7 "
Bichloride of Methylene caused - -	10 "

During the last eight years ether has largely supplanted chloroform in the large hospitals of London and Dublin, and yet the disproportion is so enormous as to amount to a definite answer to the question: Is chloroform more dangerous than ether?

Lyman (*Artificial Anesthesia and Anesthetics, New York*, 1881,) gives a summary of all cases of death from chloroform or ether reported down to the beginning of the year 1881. From this it appears that 392 cases had been reported either in medical journals or newspapers down to January 8, 1881. A case is added, probably privately reported to the author, in March, 1881. My own case and the one occurring in this city in 1877 are not included in Dr. Lyman's. These three cases raise the total deaths, up to January 1881, to 395.

In the *British Medical Journal*, Feb. 15, 1882, Dr. E. H. Jacobs gives a table of deaths from anesthetics in the British Isles, from January, 1881 to February, 1882. This includes nine deaths from chloroform, which added to the 395 above reported makes a total of 404. In this total the cases which have been reported in this country and on the continent of Europe since 1880, are not given.

The number of cases of death from ether reported by Lyman to March 1881 is twenty-seven. To this is to be added one reported by Dr. Dandridge of Cincinnati (*Lancet & Clinic*, Oct. 30, 1880,) one by Roberts, Philadelphia, (*Med. Times*, June 4, 1881) and four by Jacobs, (*Brit. Med. Jour.* February, 18, 1882). Of the latter four, two died from obstructions in the larynx, (vomited matter and blood). In two of those reported in Lyman's work, death resulted from a similar cause.

This makes thirty-three as the entire number of immediate deaths

from ether reported since its first introduction. A small number (five) of cases is reported in which death occurred from one and a half to forty hours after the administration of ether. In one of these cases also vomited matters were found in the trachea causing asphyxia. It has recently been stated, notably by Emmett and Reeve, that ether is exceedingly dangerous in those forms of chronic kidney disease which manifest themselves by albuminuria. I question whether the danger is as great as represented, especially by Emmett.

But, as before stated, statistics of the mortality from either chloroform or ether are of little value except as a not very reliable general guide, Dr. Lyman, in the excellent work above quoted, makes this very clear when he says: "Occasionally some elderly physician alludes in a cautious manner to a case of which he was cognisant, long years ago, in a remote quarter of the earth. In some such way it has been published that in Cincinnati and its adjacent territory not less than twenty-five deaths from chloroform had occurred since the introduction of that anesthetic."

Through similar cautious admissions, I have recently learned of two cases which had occurred during the late war and had never found their way into the records of the Surgeon-General's office as deaths from chloroform.

The discrepancy between the deaths from the two anesthetics is too great to be explained on any other ground than the greater relative safety of ether.

One word as to the use of chloroform in children, and in obstetric practice. In Lyman's table, of 255 deaths where the age was recorded, 19 were ten years or under. Dr. B. E. Cotting, a physician of high standing in Boston, reported a few years ago, a case of obstetrics, in which there can be little doubt that the cause of death was the chloroform. Dr. W. T. Lusk reports in the *Gynecological Transactions* for 1877, three cases in which alarming symptoms occurred during the administration of chloroform in labor. Only the most prompt measures averted the fatal issue. Dr. Lusk pertinently asks whether these histories can regarded as isolated ones?

Again it is said that in the aged, chloroform is perfectly safe. Next to my fatal case, the most alarming symptoms I ever witnessed from this anesthetic, were in an old man about eighty, with double cataract, upon whom Dr. Friedenwald operated. I gave the chloroform three times in succession, and every time just as sensibility of the cor-

nea was abolished, the man stopped breathing and became cyanotic. By drawing forward the tongue, respiration was re-established each time. After the third interruption, both Dr. Friedenwald and myself concluded that we had better not push the chloroform further. The operation was then done without an anesthetic.

It is a favorite theory with some of the advocates of chloroform, that death is not likely to occur during the stage of complete anesthesia, but before the stage of relaxation comes on. In 219 cases analyzed by Lyman, it appears that the stage at which death occurred was as follows:

Before the full effect of the chloroform - - -	114
During " " " " " " - - - -	70
After completion of operation - - - - -	35
	219

hence it appears that the theory lacks a very essential basis of facts.

The dictum of Sedillot that "pure chloroform properly employed is not dangerous" is not accepted by anyone at the present day, and it is equally irrational to hold with some that ether anesthesia is without danger to the patient. The question of danger is merely a relative one. It is a question of comparative effect.

The manner of death from chloroform has been definitely established by numerous experiments on animals. Clinical observations are in the great majority of cases valueless, for no one who has not stood in the presence of a sudden and unexpected death from this cause can understand the total loss of control of most of those present. It takes an old and experienced surgeon to look on such a death unmoved and retain possession of all his faculties, and to such a one is rarely assigned the duty of administering the anesthetic.

HOW SHOULD ANESTHETICS BE GIVEN?

A general answer would be: always with extreme care, and knowledge of their effects. But I shall try to be more specific, and lay down certain rules which, while largely the result of the experience of others, have been not a little modified by my own observation.

Chloroform or ether should always be given in a large, airy apartment, the temperature of which should not be below 70°.

The administrator should have nothing else to do but to attend to the business he has in hand. The operation itself must not concern

him ; he must watch the patient's pulse, face and respiration in order to be on guard, should dangerous symptoms arise.

The patient should always be in the recumbent position ; all clothing should be loosened around the neck, chest and waist; artificial teeth and corsets must be removed.

The head should not be raised much above the level of the body, and should be turned to one side. This prevents the saliva from flowing into the larynx, and also prevents the tongue falling back, closing the opening of the glottis during complete relaxation.

The anesthetiser must have a pair of strong dressing forceps at hand to draw forward the tongue should that be found neccessary.

The patient should not have any solid food for at least five hours before the operation, and no food whatever for two hours before. Many surgeons give an ounce or two of whiskey or brandy before giving the anesthetic. When chloroform is given, I am inclined to think this is good practice. When ether is used, no other stimulant should be given. Five to fifteen minutes before beginning the administration of ether I give a hypodermatic injection of from $\frac{1}{6}$ to $\frac{1}{3}$ gr. of morphia to adults. Kappeler in his recent work objects to to this practice, but I have found it to act very pleasantly in reducing the stage of excitement almost to *nil.* It also seems to lessen the tendency to vomiting.

Dr. Reeve of Ohio (*Holmes' System of Surgery, Am. Ed. Article Anesthetics*) advocates the combination of atropia with the morphia before giving the anesthetic. I have had no experience with this, but from the known effect of atropia of stimulating the respiratory centre I am inclined to think it of great value, and shall use it hereafter. The proper dose would be from 1-100 to 1-75 grain in combinatiod with $\frac{1}{6}$ to $\frac{1}{3}$ grain of morphia.

In giving chloroform, I think a towel rolled into a cylinder, on the interior of which the anesthetic is to be poured, is the best form of inhaler. The inhaler should be held at some distance from the patient's face at first, in order that respiratory or cardiac paralysis may not occur from reflex irritation. More than five per cent of chloroform vapor in the inhaled air is dangerous.

The occurence of irregular breathing or irregular action of the heart is the signal for the removal of the inhaler from the face of the patient.

The abolition of sensibility is indicated by the absence of reflex action in the eyelids when the corneal conjunctiva is touched.

When reflex action is abolished, the patient is ready for the operation.

When ether is the anesthetic used, the best and most serviceable inhaler I have seen, is one devised by Dr. Leonard and myself about five years ago.

It consists of a rubber-lined silk or muslin bag, sold in the rubber stores under the name of sponge bag. This is lined on the inside with flannel to furnish a good absorbent surface. The top of the bag has a double draw-string by means of which it can be fastened securely to the face piece or hood. The latter is of india-rubber, and is known to the trade as Noyes' hood for nitrous oxide inhalation. By means of the draw-string, the bag is tied to the smaller end of the hood, which must be stiffened by a small ring of tin or other metal, and the inhaler is ready for use.*

The patient having had a dose of morphia administered hypodermically, and the operator being ready, about two ounces of ether, ("Squibb's stronger ether" only should be used), are poured into the bag. This is immediately absorbed by the flannel and given off as vapor. The patient is then directed to breathe in and out deeply a few times, and just before *expiration* the hood is placed over his mouth and nose, excluding all the air possible. The warm air expired into the bag will raise the temperature of the ether vapor and render it much less irritating to the larynx.

The patient will usually, unless quite intelligent, struggle and try to avoid breathing. The inhaler may then be removed for an instant to allow an inspiration of pure air, but must be immediately reapplied. The patient should be directed calmly to breathe out, "to blow into the bag " for if he expires well, a good inspiration must follow. In three or four minutes, usually, sometimes in two, rarely more than five, the patient will be entirely insensible and ready for any operation.

When the point of total anesthesia is reached, the inhaler should be removed, but reapplied as soon as the slightest evidence of reflex sensibility is manifested by touching the edges of the eyelids.

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*This inhaler can be procured from C. Willms & Co., 79 N. Howard Street, Baltimore.

The secret of success in ether administration is to give it freely. I have seen fourteen ounces of ether wasted without securing anesthesia in a case, and one week later anesthetised the same patient and kept her entirely relaxed for forty-five minutes using only four ounces of the anesthetic. The air should be excluded as much as possible, and the vapor given in a concentrated form. Both these principles are directly contra-indicated in the administration of chloroform,

An incidental advantage of the inhaler just described is that the escape of ether vapor into the room to the discomfort of the surgeon and his assistants is very small. This is one of the great objections to giving ether with any of the "open" inhalers(cone, towels, etc.)

HOW TO AVERT DANGEROUS SYMPTOMS.

Should the tongue drop back on the glottis, attempts should be made to draw it forward with the forceps. This is sometimes impossible, A convenient plan is one recommended by Esmarch and Kappeler. Place the thumbs along the sides of the nose and the fore and index fingers behind the ascending ramus of the lower jaw and draw the latter forward; this opens the glottis.

If the breathing or heart stops, artificial respiration by Sylvester's method should be begun, and kept up until the natural respiratory rhythm is restored, or until all hope of resuscitation should be lost. Patients apparently dead from drowning have been restored after an hour's exertion. Efforts should therefore not be given up too soon. In heart failure, *Nélaton's* method should be resorted to. The patient is suspended head downward to allow the blood to reach the brain and stimulate the circulatory centre.

Tracheotomy may be necessary in some cases.

Electro-puncture of the heart should not be attempted, as it is as likely to be hurtful as of use.

Cold sprinkling, or twisting a piece of stiff paper into the nostril or injecting cold water into the nostril, are aids to artificial respiration.

Stimulating inhalations (ammonia) are useless unless inspiration occurs. Injections of brandy or carb. ammonia may be used, though, in my opinion, of questionable utility.

A faradic battery should always be at hand to supplement artificial respiration. Galvanization of the phrenic nerve may be tried; but in the majority of cases it is simpler and equally effective to pass a strong faradic current through the skin at the sides of the nose. The

pain produced excites reflex contractions, and a deep inspiration soon follows. Artificial respiration must however not be omitted while these other methods are resorted to.

Hypodermic injections of brandy, whiskey, ether or liquor ammoniæ are said often to have a rapidly stimulating effect on the pulse and respiration. They should not be omitted when a quickly acting diffusible stimulant is indicated. Inhalations of nitrite of amyl sometimes remove the first indications of weakened circulation and this remedy should always be at hand when chloroform is given.

WHEN SHOULD AN ANESTHETIC BE USED?

The administration of an agent, which suspends for a time the functions of sensation and motion, consciousness and reflex action in the organism; and which, so to speak, brings the subject under its influence to death's door, will naturally not be undertaken by anyone except for good and sufficient reasons. But the question: what constitutes a proper indication for the employment of an anesthetic? is one not so easy to answer in specific terms. While it may be stated in general, that an anesthetic should not be given in any case in which it can be avoided, the limit at which this point of avoidance should be placed is difficult to lay down. Thus it is unquestionably proper to give an anesthetic in cases where a perfect diagnosis and treatment cannot be accomplished, without such relaxation as can only be obtained under thorough narcotism with one of the vaporous anesthetics. At the same time the mere suppression of pain may be a secondary object altogether in the case. There are other cases however, in which the indications are not so plain. These are cases in which the comfort of the surgeon is involved, and where the administration of the anesthetic is used as a saver of time and discomfort.

I am inclined to interpret the rule laid down more liberally than most authorities. I am of the opinion that the convenience and comfort of the surgeon are as much entitled to consideration as the sensations of the patient, and it is just as proper to anesthetise a patient in order to facilitate the work of the operator, as it is to render the patient unconscious of pain. Of course this presupposes an agent for the production of the anesthesia, which is not in itself highly dangerous to life. If we have not such an agent, I hold that we have morally no right to place the patient's life in extra jeopardy for our own convenience.

I do not hesitate to express the opinion that in ether we have such an agent. That it is absolutely safe, I do not admit; no anesthetic that we at present possess is devoid of danger. But, if properly administered, by a competent person, I hold that the danger is reduced to such a small degree as to justify us in using it in all the cases within the limits I have above attempted to define.

CLINICAL EXPERIENCES.

TINCTURE OF PERCHLORIDE OF IRON IN POST-PARTUM HEMORRHAGE.

By J. H. SCARFF, M. D., BALTIMORE.

(Cases related at the Medical and Surgical Society.)

It is not my purpose to enter into a discussion of the general treatment of post partum hemorrhage, nor do I wish to be understood as placing this agent among the first to be used to combat these hemorrhages, but as a *dernier ressort* when all others have failed and your patient seems to have but one more step to realize the mysteries of the hereafter. Many of you, no doubt, have read the many able articles of European writers upon this subject of late, and probably have had more experience in its application, but having had two cases in the past four months of alarming hemorrhage following labor, and as I confidently believe my patients owe their prolonged sojourn in this land of sin and sorrow to the injection of perchloride of iron into the cavities of their uteri, I do not hesitate to relate the two following cases in which I have used this remedy:

I wish it to be distinctly understood, I claim no originality to either the agent used or the *modus operandi* in using it. It originated with that eminent obstetrician, Barnes of London, and several cases so treated by him were published in the *British Medical Journal* of 1876 or '77. Following the report of his cases, there came other testimonials to the virtue of this agent, from Playfair, Chambers, Steele and others. As I have before stated this potent agent should

not be used indiscriminately in all cases, but only after such remedies as ergot, external pressure, cold, kneading of the uterus and galvanism have failed.

Case Ist.—Mrs. M—, wife of a druggist, (which was a most fortunate circumstance for her) was taken in her third labor on the afternoon of February 11th. I had previously ascertained from her husband that her first two labors were followed by most alarming hemorrhages, but through the skill of the lamented Dr. Knight, she was saved. Nothing worthy of mention occurred during the first stage of labor excepting a prolonged interval of quiescence between the pains. This stage lasted about 4½ hours. After delivery I immediately cut the cord, as it had ceased to pulsate. Turning my attention to the woman, I found the uterus as large as before the birth of the child, with a soft and doughy feeling. Introducing my hand into the vagina I found the placenta was detached and blocking up the os uteri; it was at once removed, and with it there came a most appalling hemorrhage, and in a very short space of time the woman was completely blanched, pulse almost imperceptible, sighing respiration and other symptoms indicating an almost complete collapse. I hurried her husband down into his store for a bottle of tincture of perchloride of iron. I diluted it one-half with water, and with the aid of a Davidson's syringe which I had procured, this was injected into the cavity of the uterus. (I would state I first, as well as I could, emptied the uterus of all clots). The effect was magical; almost directly after the injection, the uterus began to firmly contract, gradually forcing out my hand with large masses of clotted blood, coagulated by the iron. I watched the patient for two hours, a half hour of the time firmly holding the uterus with my hand, and little or no hemorrhage occurred after the injection. She was relieved from the condition of collapse by brandy and hypodermic injections of atropia, and made a rapid recovery without any bad symptoms. In this case, expecting a hemorrhage, I gave her from the time the os was sufficiently dilated to admit of the passage of the child's head, until the head was delivered, two hypodermic injections of Ergot, 3j each, without avail. I had no time to try other expedients, but resorted at once to the iron.

Case 2d—Mrs. K—aet 26, rather nervous temperament, sent for me on the morning of March 18, to attend her in her second confinement.

Having attended her in the first labor, which was followed by hemorrhage that could only be controlled by a strong current of galvanism, I concluded I would be prepared to meet any emergency with the perchloride of iron. While the first stage of labor was progressing, I sent to the druggist for ℥ vi of the tr. perchlor, and added one half of this to oj. of water. A Davidson syringe was made ready for use, and I then waited the dreaded hour. The labor became tardy and protracted, and she was delivered, after a long traction with the forceps, of a large male child. Ergot was given hypodermically twice, and kneading constantly kept up by the nurse during delivery. Hemorrhage at once set in and I attempted to control it by the introduction of ice into the uterus and grasping it with one hand on the abdomen, the other in the vagina. It was of no avail; the hemorrhage increased. I next tried the plan of irritating the interior of the uterus with the finger nails, but in doing this I completely detached the placenta, which was removed, followed by a hemorrhage which soon put my patient into a state of collapse. I at once began the injection of the solut. of ferri perchlor. into the cavity of the uterus, with the effect of immediately producing firm contraction and cessation of hemorrhage. She finally recovered after a mild attack of metritis, and to-day both she and child are doing well.

These constitute my experience in the use of this agent, but can any one doubt that the lives of these two women were saved by it? That there may be danger in its use I do not deny. While the uterus is in this relaxed condition, the mouths of the veins open, it may pass into them, causing clotting of blood, thereby producing thrombosis, but notwithstanding this, I presume, from my own experience, as well as from the experience of the many able writers on this subject, that this mode of treatment in puerperal hemorrhage is not only justifiable, but under many circumstances strongly indicated.

ANOTHER death from chloroform is reported by Dr. R. A. Kinloch of Charleston. The administration was in thoroughly competent hands, and all measures used to produce restoration without avail. A death from Ether is also reported by Mr. Lawson Tait of Birmingham.

SPECIAL CHRONICLE.

A YEAR'S PROGRESS IN GYNECOLOGY.

At a recent meeting of the London Obstetrical Society, (*Am. J. Obstet. Supplement*, May, 1882) Dr. Galabin showed microscopic sections of the everted mucous membrane in laceration of the cervix. The sections leave no doubt that the surface looking toward the vagina is really the everted cervical mucous membrane. In one case which was recent, the cervical villi were hypertrophied, but there was no marked inflammatory change, and the cylindrical epithelium was almost intact. In an old case the cylindrical epithelium was almost entirely lost, but there were patches of ill-formed squamous epithelium between the gland orifices. The surface was densely infiltrated with inflammatory cells, and the glands beneath dilated and proliferating.

In the *Am. Jour. Obstet.*, July, 1882, Prof. Schrœder of Berlin, proposes a modification of Emmett's operation for lacerated cervix, which is designed to cure the catarrh of the cervix at the same time that it removes the laceration. The operation is a very ingenious one and is said by the author to be easy to perform. It would take too much space to give a description of the operation here, for which we refer to the publication above.

Lawson Tait has removed the uterine appendages thirty-five times for chronic inflammation of the ovary, with only one death. He considers the operation as justifiable as the enucleation of an eyeball and not any more dangerous. (*Am. Jour. Obstet.*, July, 1882).

Total extirpation of the uterus for malignant disease has now been performed a sufficient number of times to permit a judgment upon the merits of the operation. Freund's operation—the abdominal method—has been done altogether about a hundred times, not for cancer alone, however, with a mortality of about 75 per cent. Extirpation of the uterus through the vagina—Schrœder's operation variously modified, gives a much more favorable result. It has been performed about sixty times with a mortality of perhaps a little over 25 per cent. As in all other grave operations, so here also, the experience of the operator makes the greatest difference in the results. Thus Schrœder, out of seven operations lost but one case; Olshau-

sen had six successful consecutive cases; Martin, twelve cases with three deaths, and Billroth, seven cases with three deaths. A comparison of these figures, moreover, shows that probably a judicious selection of cases has an important influence upon the result. Freund's operation, it would seem, must hereafter be restricted to those cases in which extreme narrowness of the vagina or pelvic outlet prevents resort to the vaginal method.

Ruge and Veit (*Ztschr. f. Geb. u. Gyn.*, vi. 2—*Am. J. Obstr. Supplement*, May, 1882) have studied cancer of the body of the uterus, their material comprising 21 cases of their own and 22 from the literature. They find that primary cancer of the corpus uteri is a rare disease, and always develops from the mucous membrane. It occurs under two clinical forms, diffused and circumscribed; the former appearing to be the most frequent. With the growth of the neoplasm the uterus enlarges, the walls becoming hypertrophied. The demarkation between the morbid and healthy structures is always well-marked. The surface of the diffuse form is warty or villous; that of the circumscribed, smooth. It seems possible that a myoma (fibroid) may undergo cancerous degeneration. [This is not generally accepted by pathologists. R.] The retroperitoneal, lumbar and other glands, may become affected early, and the morbid process may involve the internal os. Bladder and rectum may become implicated. Etiology obscure: cases in virgins and nulliparæ are relatively frequent, so that pregnancy or coitus cannot be accused as causes. Two-thirds of the cases occurred after the fiftieth year, The most prominent symptoms are the hemorrhage, periodic pains which are only uterine contractions; fetor not essentially present. Cachexia occurs late. Duration generally over two years.

Treatment, Freund's (abdominal) or Schrœder's (vaginal) extirpation of the entire uterus. If extensive involvement of surrounding organs renders this impossible, scraping, followed by iodine, bromine, iodoform, Monsel's solution, or carbolic acid [nitric acid, R.] may be employed as a palliative.

Dr. I. E. Taylor (*Trans. Am. Gyn. Soc.*, 1881, p. 199) describes lupus of the vulvo-anal region, of which somewhat rare affection he has seen seven cases. It is probable that many cases have been unrecognized owing to the fact that most ulcerative or hypertrophic affections of the genital or perineal regions are considered to be

syphilitic. There is nothing peculiar in lupus of the vulvo-anal region; it will not be mistaken for syphilis or epithelioma, if the clinical characteristics of these diseases are remembered. Dr. Taylor's views of the pathology of lupus seem to be somewhat obscure, although he recognizes, with most prominent modern dermatologists, the essential local nature of the affection, and its non dependence upon syphilis or "scrofula." The treatment consists in cauterization with nitric acid or acid nitrate of mercury. Scraping may precede the caustic. Constitutional remedies are not of much use, although Dr. Taylor has some confidence in small doses—1-25—1-30 gr. of bichloride of mercury or Donovan's solution—5 to 8 drops 3 times a day.

Dr. Horatio R. Bigelow of Washington, finds from an examination of the statistics of American ovariotomists, that the total number of cases operated in this country of which he could get particulars, amount to 1,011. Of these, 766 recovered, and 245 died; a fraction over 75 per cent. of recoveries. The clamp and ligature were used in nearly an equal number of cases. Listerism is still extensively used, but is dying out. As an attempt to solve certain problems connected with ovariotomy, the author's work deserves great credit. (*Am. Jour. Obst.*, July, 1882.)

Dr. S. J. Radcliffe (*Phil. Med. Times*, June 3, 1882) reports a case of fibroid tumor of the uterus, which disappeared under the use of iodine locally and internally There is nothing new in this treatment, but it has not had much success in other hands. In the early stages it might promote resorption of the hyper-plastic muscular tissue, and hence a trial of it would be proper. Dr. Radcliffe applies Churchill's tincture locally, and gives the compound tincture (U. S. P.) internally, in the dose of 10 to 15 drops three times a day, largely diluted. He also uses large vaginal injections of hot water, to which perhaps some of the effect of the treatment is to be ascribed.

Tuberculosis of the Fallopian tubes is the subject of an essay by Dr. Schramm of Dresden, (*Archiv f. Gynæk. XIX*, 3). The author has found that *one per cent.* of all women who died in the City Hospital of Dresden during the last twenty years had tuberculosis of the Fallopian tubes. In women with tuberculosis of the lungs or other organs 4.2 per cent. had also tuberuclosis of the Fallopian tubes. Three-fourths of the cases occur before the thirtieth year.

Primary tuberculosis of the tubes is rare; the cheesy form is the most frequent. In the majority of cases the tubercular degeneration begins in the ampulla of the tube.

In the treatment of hysteria, Dr. Goodell gives the following advice:

When called to treat a young girl with a hysterical attack, there are three things which you had better do: (1.) Institute at once firm pressure in the neighborhood of both ovaries. This is very apt to quiet the patient at once. (2.) Administer an emetic. I have found that a woman who is well under the action of an emetic has not the opportunity to do anything else than be thoroughly nauseated. Give a full dose of ipecac with one grain of tartar emetic. (3.) And this method of controlling the spasm will often act charmingly: take a good-sized lump of ice and press it right down on the nape of the neck. This produces quiet by its powerful impression upon the whole nervous system.

CURRENT LITERATURE.

TRANSACTIONS OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND. Eighty-fourth Annual Session. Baltimore. 1882.

The annual volume of transactions of this, one of the oldest medical organizations in this country comes to hand this year with commendable promptness. The annual address was delivered by Dr. A. M. Fauntleroy of Virginia upon "The Reciprocal Action of Morbid Bodily and Mental Influences."

Prof. Tiffany contributes in the report of the section on Surgery a practical paper on "The Treatment of Cancer of the Rectum," recommending excision at an early period as the best—in fact the only chance of cure. In cases where the disease is so far advanced as to render a radical operation out of the question, "linear rectotomy of the sphincter and rectum back to the coccyx and lower sacrum has given relief second only to that afforded by large doses of opium."

Lumber colotomy is indicated as a measure of a relief late in the disease. Prof. Tiffany also exhibited a patient for whom he had

amputated the leg at the hip joint for osteosarcoma of the femur. Complete recovery took place.

Dr. G. H. Boyland read a "Contribution to the study of Fractures of the inferior extremity of the Radius."

The report of the section on practice of Medicine was read by Dr. Thos. B. Evans, and was a forcible argument in favor of the germ theory of disease. The writer cannot help thinking however, that the eloquent doctor is a little too sanguine in his prediction when he says in conclusion:

"The mystery of contagions is unveiled, and science, enlightened by the knowledge of their cause, is resolving that marvelous problem of transforming the agent that causes death into an agent preservative against its assaults."

As the mathematicians say, Q. E. D.

The report of Prof. Opie, Chairman of the section on Obstetrics and Gynecology gives a summary of the work done by the section during the year past. Meetings of the section were held monthly and much excellent scientific and practical work was done. This is the only section of the Faculty that has organized for cooperative work and its results should stimulate the remaining sections to follow its good example.

In addition, Prof. Opie gives a history of six cases of puerperal septicæmia with autopsies of three cases. Two cases recovered. He also gives a brief account of two cases of death from ante-mortem heart clot, with a summary of other cases recently reported.

The report of the section on Sanitary Science consists of three papers; one by Dr. John Morris, the chairman, one by Dr. W. C. Van Bibber and one by Dr. Wm. M. Kemp.

Dr. Morris' paper is on "Infant mortality,—especially on an epidemic of diphtheria in the seventeenth ward of Baltimore." The facts brought out by Dr. Morris' investigation should stimulate similar researches by others.

Dr. Kemp contributes a chapter of history in a readable paper, entitled "What Baltimore did in a sanitary way during the yellow fever in Norfolk and Portsmouth in 1875."

Dr. Van Bibber's paper on "The Drinking Water of Maryland considered in reference to the health of the inhabitants" contains a great deal of information not readily obtainable. It is accompanied by an abbreviated copy of Tyson's geological map of the state.

In the report of the section on Anatomy and Physiology, Prof.

Winslow gives " Some Notes on Anomalies of the Osseous and Ligamentous systems." A number of interesting specimens are referred to.

Dr. J. S. Conrad contributes the report of the section on Psychology. It is entitled "Associated physiological and pathological mentality in the insane." The coinage of a new word is always a serious matter. Mentality, the new word here used by Dr. Conrad, has no legitimate claim to existence. It is not given in any of the standard dictionaries, and its equivalent *intellectuality* has deservedly fallen into desuetude.

The section on ophthalmology presents, through Prof. Chisolm, the chairman, a report characteristic of the practical mind of its author. He gives a series of therapeutic aphorisms which deserve to be committed to memory.

The only volunteer paper in the volume is contributed by Dr. J. N. Mackenzie on "Diphtheritic Ulceration of the Air-passages and its relation to Pulmonary Phthisis." In connexion with his paper the author gives references to a very full bibliography of the subject.

Under the head of Invited Papers, Dr. H. Newell Martin, Professor of Physiology in the Johns Hopkins University, contributes a valuable original paper on "The influence upon the pulse-rate of variations of arterial pressure, of venous pressure and of temperature." Messrs W. H. Howell, and F. Donaldson, Jr, a "Report of some observations upon the form of the pulse-wave and the mean arterial pressure in a dog with patent ductus arteriosus." Dr. Henry Sewell, Prof. of Physiology, University of Michigan, and F. Donaldson, Jr., a paper on " The influence of variation of venous and of arterial pressure upon the cardio-inhibitory action of the pneumo-gastric nerves," and Messrs. H. H. Donaldson and Mactier Warfield a paper upon the " Influence of Digitaline on the work done by the heart of the 'Slider' terrapin."

The address of the President, Prof. Frank Donaldson, is, in part, a dignified review of the action of the New York State Medical Society in modifying the Code of Ethics. The remainder of the address is devoted to a summary of the recent progress in our knowledge of the morbific action of organic germs.

As a whole, this volume reflects credit on the Faculty, and compares favorably with the work done by similar organizations in other states. We look forward, however, to see more original work find a place in the transactions in the future.

THE PHYSIOLOGICAL AND THERAPEUTIC ACTION OF THE SULPHATE OF QUININE. By Otis Frederick Manson, M. D., Professor of Physiology and Pathology in the Medical College of Virginia. Philadelphia, J. B. Lippincott & Co., 1882. Cloth. Pgs. 164.

Dr. Manson has made a praiseworthy attempt, in this little volume, to give a fuller account of the physiological action and therapeutic effects of quinine, than can be found in the ordinary works on materia medica. In this he has succeeded, for we have no knowledge of any other work in English which covers the subject so completely as this does. The earlier literature of quinine—up to 1860—is very fully referred to, but one who looks in it for the results of the later investigations will be disappointed. The very important researches of Binz, Scharrenbroich, Jerusalimski and Manassein are not even referred to. While, therefore, Dr. Manson's book gives a good review of the literature of quinine accessible twenty years ago, it fails to give the student of to-day that knowledge which he should possess of this most valuable remedy.

The publishers have issued the work in their customary excellent style.

REPORT *of the Health Officer of the District of Columbia for 1881.* A volume of 274 pages containing the report of Dr. Smith Townshend, the health officer of the District. From it we learn that the annual death-rate was 28.69 per thousand for the year ending June 30, 1881. The report contains some judicious remarks on the importance of "malaria"—so called—as a factor in the causation of disease at the capital.

Report of the Board of Administrators of the Charity Hospital, New Orleans, La., 1881.

From this report, for a copy of which we are indebted to Dr. A. W. DeRoaldes, late House Surgeon, we find that the revenue of the Hospital for 1881 was $85,628.99, and the expenses, $81,744.59. The daily average number of patients in the hospital during the year was 544. There were 5,309 admissions and 825 deaths. There were five cases of leprosy in the hospital during the year, of whom one died and four were discharged not improved; sixteen cases of aneurism of the aorta, one case of Addison's disease and 431 cases of consumption. One death occurred during the administration of chloroform. The patient was an alcoholic with interstitial nephritis and syphilitic gumma of the brain.

The Louisiana Lottery Co. pays $40,000 a year to the support of the hospital.

American Ovariotomies, by Horatio R. Bigelow, M. D., reprint from *Am. Journ. Obstetrics, etc.*, April and July, 1882. Pgs. 52.

An interesting statistical contribution to the history of ovariotomy in America.

Combined Intra-uterine and Extra-uterine twin-pregnancy: with an analysis of twenty-four cases, and full extracts from the most important cases. By B. B. Browne, M. D., Baltimore, Md., Reprint from *Gynecological Transactions*, 1882.

Prof. Browne deserves the thanks of gynecologists for this careful contribution to the literature of the specialty.

Treatment of Uterine fibroids with Iodine. By S. J. Radcliffe, M. D. Reprint, pgs, 7.

Appended to this paper is a very full bibliography of the subject of uterine fibroids.

Excerpts from Opinions of distinguished medical men in this and other countries, justifying the treatment of the late President Garfield; together with a letter in reply to the resolution of the Special Committee of the House of Representatives, referring to the expenses consequent upon his illness and death. Washington, D. C. Gibson Brothers, printers, 1882. Paper, pgs. 24.

EDITORIAL.

THE DANGER OF AN EPIDEMIC OF SMALL-POX IN BALTIMORE.

One of the most curious problems that confront physicians and sanitarians, is the apathy with which most people regard impending epidemics of fatal diseases. Even when such diseases are concerned from which immunity could be purchased by a temporary slight inconvenience, people will often wait until they, or some of their household are attacked before giving a thought to measures of prevention. This apathy is especially manifested in this city just at the present time. In spite of the grave danger of a destructive epidemic of

small-pox, the proportion of unprotected persons is extraordinarily large. An estimate based upon careful observation and inquiry shows that probably over fifty per cent of the residents of Baltimore are not protected against small-pox by vaccination, or recent re-vaccination. This is not merely true of those portions of the city where small-pox has not reached, but even in those sections where it has been localized for some time.

The following figures, taken from the records of the Health Department, may serve to indicate the danger by which we are threatened:

From January 1, to July 31, five hundred and forty-one cases of small-pox were reported to the Board of Health. How many failed to be reported is of course not known. Of this number 262 cases, or nearly 48.5 per cent had never been vaccinated. The remainder of the cases (279) had either been vaccinated in infancy, or more recently without success. In no single instance was any one attacked by the disease who had been recently successfully vaccinated. These facts speak for themselves and require no further comment.

A house-to-house visitation, and vaccination of all those not recently protected would at once avert the serious danger that threatens the community. This measure, simple and easy of execution, would check the spread of the disease, just as it did in a similar juncture ten years ago. In addition to such a measure as here suggested, an accurate registration of all cases of infectious disease is very desirable. We cannot help feeling that in this matter some members of the profession are very much to blame. The Health Department has done its duty so far as the law permits; physicians have been urged to report all cases of infectious and contagious disease to the department as soon as the diagnosis is certain, but there is no question that in some instances the moral obligation to report such cases, for the better protection of the public, has been evaded and the truth suppressed.

We trust that for the coming month, physicians will urge upon all patients the necessity for a general vaccination; that they will report promptly to the Board of Health all cases of infectious diseases—especially small-pox, and that on the re-assembling of the City Council, they will join us in urging the adoption of such measures, as will secure us in the future protection against small-pox, and an accurate registration of not only births and deaths, but of prevailing diseases of an infectious or contagious character.

FLOTSAM.

PROFESSOR Andrew Buchanan of Glasgow, died lately, aged 84 years.

PORRO'S operation has been performed 91 times with 38 recoveries reported.

THE PRESIDENT of the American Otological Society for the ensuing year is Dr. J. Orne Green of Boston.

DR. H. D. NOYES has been elected President of the American Ophthalmological Society for the current year.

DR. N. FRIEDREICH, Professor of Clinical Medicine at Heidelberg died July 6, of aneurism of the thoracic aorta.

M. FRANCK concludes after numerous experiments, that the normal jugular pulse is caused by the systole of the right auricle.

BORAX is being used with satisfactory results as a germicide in surgery. It is clear, odorless, and without poisonous properties.

THE CHAIR of Surgery in the University of Edinburg, made vacant by the death of Prof. Spence, has been filled by the election of Mr. John Chiene.

TRUE oleates of mercury, lead, copper, arsenic and other bases have been introduced by Dr. John V. Shoemaker, and recommended very highly in various skin diseases.

ERGOT has been used with success to *check* excessive flow of milk. One of the best remedies to *promote* the flow of milk is said to be jaborandi, or its alkaloid pilocarpine.

THE GLOSSOGRAPH is an instrument for registering vocal sounds on paper. It is the invention of Herr A. Gentilli of Vienna. With this instrument every lecturer can be his own stenographer.

DR. W. H. MUSSEY, Prof. of Clinical Surgery and Surgical Diseases of Women in the Miami Medical College of Cincinnati, died of apoplexy in that city, August 1, aged sixty-four years.

THE AMERICAN Dermatological Association will meet at Newport, on August 30th to September 1 inclusive. A full report of the proceedings will appear in the next number of the CHRONICLE.

OUR THANKS are due to our brethren of the medical and lay press for the warm welcome with which our first number has been received. We shall try to deserve a continuance of their good opinion.

THE APPOINTMENT of Dr. Chas. H. Crane, as Surgeon-General of the Army, vice Barnes retired, was confirmed by the Senate August 7, although strong opposition was brought to bear against the confirmation.

ONE of the most interesting scientific journals published is *The Electrician*. The subscription is only fifty cents a year. We will have it mailed one year to subscribers of the MEDICAL CHRONICLE on the receipt of forty cents.

MICROCOCCI have been found in large numbers in the blood of patients suffering from malignant measles, by Drs. Keating and Formad of Philadelphia. Alcohol in large doses is recommended as the best germicide in these cases.

With reference to the supposed protection against sewer gases offered by water-traps, the *Medical Press and Circular* reminds scientific men that the water absorbs the sewer gases in the soil pipe and then gives them off into the house.

Lefferts found in 500 tonsillotomies: 1. a fatal hemorrhage very rare. 2. a dangerous one occasionally. 3. a serious one in both immediate and remote results not very unusual. 4. a moderate one requiring direct pressure and strong astringents to check it, common. In the majority of cases no trouble is experienced.—*N. E. Med. Monthly.*

Dr. D. Saunders (*Miss. V. Med. Monthly*) treats diphtheria with muriated tincture of iron 20 drops, chlorate of potash 5 grains, sulphurous acid 20 drops, glycerine half a drachm in water every 2-3 hours; if there is high fever, quinine in full doses; good food; ventilation and disinfection of the apartment; iodised phenol locally; tracheotomy is justifiable if blood-poisoning is not too profound.

The New England Medical Monthly, one of our handsomest exchanges, says: "The election of Dr. Alex. J. Stone, of St. Paul, to the 2nd vice-presidency of the Am. Med. Association, was a graceful act on the part of the association, in recognition of the valuable services rendered to them at its late meeting. We should strongly advocate his election to the presidency at its next annual." We rise to second the motion.

Dr. J. R. Black in a suggestive paper in the *Medical News*, advocates the employment of small doses of medicines frequently repeated (every half to one hour) instead of larger doses at longer intervals. The principle upon which the small doses are given is the continuous beneficial modification of the molecular energy of disease by the molecular energy of the medicinal substance. The advantages are in addition to the constant action of the remedy, the saving of the stomach from the irritant, nauseant, or other perturbing effects of large doses.

In his address before the American Institute of Homeopathy, President Breyfogle makes the following significant remarks: "As a chief hindrance to the general and candid consideration of the truths of homeopathy is the absurd doctrine never taught by Hahnemann—of infinite dilution, we should endeavor to adopt some standard or limit for drug attenuation, and refuse longer to assume any responsibility for triturations and dilutions made in defiance of all reason and to suit the caprices of men who are satisfied only when surrounded by impenetrable clouds of mysticism." In another place he says homeopathy "can ill afford to be handicapped by 'bottle washings' and other absurd vagaries." Surely the bottom must be dropping out of the homeopathic tub when such things can be said in open meeting and not meet with opposition!

The Surgical Engine, a modification of the ordinary dental engine, was introduced to the notice of the profession at the International Medical Congress last August, by Dr. W. G. A. Bonwill of Philadelphia, the inventor.

It has since been used in a number of surgical operations, especially by Drs. Jas. E. Garrettson and J. B. Roberts of Philadelphia and Jarvis S. Wight of Brooklyn. Dr. Garrettson has operated for caries and necrosis, exposed the submaxillary nerve, removed the coccyx, exsected the superior maxilla, amputated limbs, and done other similar surgical operations requiring the use of a saw, bur or gouge, with this instrument. Dr. Roberts has trephined, at least upon the cadaver, using a flat, round bur for the purpose, and Dr. Wight has resected a rib, trephined the skull and made an opening into the head of the tibia, using a trephine. Dr. Wight used the unmodified dental engine, but there are many objections to its use in heavy surgical work. Dr. Garrettson has an excellently illustrated article on the advantages of the surgical engine in the *Annals of Anatomy and Surgery*, February, 1882.

THE

MEDICAL CHRONICLE.

BALTIMORE, OCTOBER, 1882.

ORIGINAL ARTICLES.

ARTICLE I.

URETHRAL STRICTURE AND ITS TREATMENT BY INTERNAL URETHROTOMY.

By C. F. BEVAN, M. D.,
Prof. of Anatomy and Genito-Urinary Surgery, College of Physicians and Surgeons, Baltimore.

Read before the Medical and Surgical Society of Baltimore.

The present seems to me a suitable occasion to pass in review the ideas entertained to-day by our profession upon the subject of urethral stricture.

What is the best and proper treatment? A few short years ago such a question would have been answered with extreme brevity, and almost without a moment's consideration. One would have been told to introduce a bougie and gradually dilate the urethra till a sufficient opening should be obtained, and that one admitting a number 8 or 10 (E) would be sufficiently large; that if the stricture should be very dense and not readily yield to well-directed efforts of dilatation, or if any haste should be demanded, that then divulsion could be practiced, and the slow process of dilatation used to follow up the advantage gained by rupturing the contraction; that only in a few, extremely few instances would it be necessary to perform the operation of perineal section either with or without the guide; that patience

would generally enable the surgeon to find the route to the bladder, in which event dilatation could be relied upon to complete the cure, and finally, that patients, the subject of stricture, were doomed to a life of constant urethral medication in the shape of sounds and bougies, for such contractions would always be found to return, no matter how carefully the case should be treated.

As late as 1870 such was about the general idea of the profession upon this subject.

BOSTON MEDICAL LIBRARY ASSOCIATION

At home or abroad the variations in the treatment of stricture were so slight as almost to be indicated by the preference of the surgeon for one or the other of the many surgical instruments devised to meet various requirements. When, in 1870, Dr. F. N. Otis of New York, published in the *N. Y. Medical Journal* the first of a series of papers on the subject of stricture, following it rapidly by other communications taking more and more advanced positions and proposing new instruments, new principles, new rules and new methods, our honored profession *admired* the brilliancy of the author and inventor, but very tardily yielded up their long cherished ideas. Dr. Otis was spoken of as an *extremist* and his views were combatted with an energy which spoke well for the interest which the profession entertained upon the subject. Men do not abandon favored ideas without a struggle, and though 12 years have passed since Dr. Otis' views were clearly enunciated, though they have been confirmed by some of the most distinguished surgeons in this country and in England, yet they still form the subject of debate and contention among medical men. It is on this account that I have ventured to call your attention to the subject of stricture this evening, and to place before you the observations and deductions drawn from my own experience of 446 strictures operated upon by internal urethrotomy. The hope is entertained that the examination of these cases will not be without profit.

The questions proposed to be answered by this examination are the views of Dr. Otis, as briefly expressed by him in the preface to last edition of his work on Stricture: (Stricture of the Male Urethra. Ed. 1880. page 111 of preface.) to wit: The great question in regard to normal urethral calibre; the definite proportionate relation between the circumference of the urethra and the organ in which it is situated; the importance of recognizing the possibility of stricture of a calibre above the then usually accepted standard normal size of the urethra;

the common dependence of gleet, and often of troublesome reflex irritations, upon such strictures; the greater frequency of stricture in the anterior part of the canal; the possibility of *a radical cure of stricture by dilating urethrotomy;* the great advantages of such operation over the dilating procedure, both in regard to safety, comfort, time and permanence of results. Let us glance at the points enumerated.

1. The normal calibre of the male urethra as taught by the leading surgeons of the English and French schools, was far below that which to-day is accepted. Sir Henry Thompson, (Diseases of the genito-urinary organs, London, 1876, page 42) say " If a No. 8 (E) bougie (16F) passes easily into the bladder, we may be satisfied that no stricture, or at most, a very slight contraction exists."

Dr. T. B. Curtis, who may be considered as a leading representative of the French school, since the Civiale prize was awarded him for his essay upon urethral stricture, says, " The treatment shall be considered terminated when you shall have made to enter without effort No. 21. You will thus have restored to the canal the calibre of millimetres (diameter) which represents the normal calibre of the canal of the urethra." We have thus, from the leading representatives of the two great schools, a standard established, (No. 8 or 9 E. No. 21 F.), which do not differ very materially. From Dr. Otis we learn that the calibre of the urethra is by no means sufficiently uniform to erect a standard from which variation shall be estimated, and upon which a line of practice shall be based. That the urethra is as variable as any other organ of the body, and no more conforms to a regulation size than does the hand, face or nose. According to measurements carefully made by him, and verified by impartial observers, the calibre of the urethra is much larger than the standard English or French urethra, and must be considered as varying between 28 and 40 F., with an average of not less than 30 F. or 18 of the English scale. From my own investigation of this point, which extends to nearly 300 measurements, made with the bulbous sounds and urethra-metre, I feel quite sure the estimate of Dr. Otis is more nearly correct than the standard given us by the English and French schools. In no instance have I found the urethra of less calibre than 26 F., while in one case operated upon by my former colleague, the late Prof. T. R. Brown, the normal urethral calibre was 47 F. Between these two extremes, variations will be met with, the

average being about 30 F. 18 E. I believe the entire profession have now accepted as proven the fact of the greater size of the urethra. Sir Henry Thompson when discussing the subject of stricture before the British Medical Association in August 1880, says, "It is now generally accepted that dilatation of strictures can be carried with safety and advantage to a *higher degree* than was formerly considered admissible."

Again, Mr. W. F. Teevan, the Lettsomian lecturer, says, (*Lancet*, Jan. 24, 1880, page 121), "He (Dr. Otis) has shown us that we had greatly under-estimated the calibre of the urethra, and what good results we shall obtain if we raise our standard in the treatment. Let us not forget that without Dr. Otis there would probably have been no Bigelow. Dr. Otis demonstrated what large instruments could be passed down the urethra, and Dr. Bigelow utilized the discovery for his new method of lithotrity."

Secondly. The definite proportionate relation between the circumference of the urethra and the organ in which it is situated, require further investigation. It is certain that the rule given by Dr. Otis (viz: that if the circumference of the organ in the flaccid state be taken, that a penis of 3 inches circumference will have an urethra of 30 mm., $3\frac{1}{4}$ inches, 32 mm., $3\frac{1}{2}$, 34 mm., &c., the urethra increasing 2 mm. for each $\frac{1}{4}$ inch of increase in the circumference of the organ) will afford a more nearly correct guide than can be found in the size of the meatus. My experience teaches me that the meatus is always the narrowest part of the urethra, that it is often contracted when the rest of the urethra is normal; that it is frequently the site of contractions resulting from venereal sores, and other forms of inflammatory action. Of 100 cases carefully measured with the view of testing the rule, the exceptional cases were all upon the side of the urethra, which was generally larger by from 1 to 3 mm., than below the rule. I am therefore more willing to accept, as a guide to the normal urethra, the results of measurement, than the size of the meatus; with a larger experience it may be we can accept as proven the relationship between the circumference of the penis and the size of the urethra. At the present it is a valuable working rule.

Thirdly. The importance of recognizing strictures of large calibre, that is of a size beyond 8 or 10 E., the former standard of our trans-Atlantic brethren; the common dependence of gleet, and often of troublesome reflex irritations dependent upon such strictures, do not

need elaboration. A stricture of large calibre needs only the element of time to become so small that retention of urine, extravasation, cystitis and structural renal changes shall result. The sooner such contractions, therefore, are recognized and brought under treatment, the better for the patient. Reflex irritations may result from an urethral narrowing. I have, however, met with such an insignificant number of such cases as to attach only minor importance to them.

Many men laboring with contractions of their urethra, show great timidity and general nervousness, assigning all their real as well as imaginary ailments to their kidneys and penis. The following case, however, presented symptoms purely reflex in character, which disappeared with the removal of the stricture without other treatment.

Case, B. C., age 43, a well developed healthy man, was suddenly seized with a vertigo, and cardiac disturbance, on June 13, 1879. I saw him within an hour after his seizure, at which time most of his symptoms had abated. He complained of headache, which he frequently had of late, of a train of symptoms, dyspeptic in character, etc. His physical examination was negative; when about to examine his urine the first clue to his ailments was found. It required a great effort on his part to pass water, and he did so very slowly. When asked, he confessed to having had a stricture, but claimed that "it had been removed by Dr, Detmold, of N. Y., 18 years before, and that he had never been troubled with it since." He finally allowed me to examine his urethra, when I found at 3 inches from the meatus a contraction admitting a bulbous sound No. 10 F., and at $4\frac{1}{2}$ inches a second contraction admitting only a bulbous sound No. 4 F. The circumference of his penis was $3\frac{1}{2}$ inches, normal urethral calibre 34 F. as determined by urethra-metre. After operation, and when his urethra admitted freely 34 F. all of his symptoms, headache and dyspepsia subsided. He increased in weight. His health is better than it has been for some years, and the 34 F. bulbous sound passed freely to the bulbo-membranous urethra, without detecting any recontraction, 14 months after operation.

Fourth. The greater frequency of stricture in the anterior part of the canal is now pretty generally received. Of the cases upon which this paper is based, 200 in number, fully 75 to 80 per cent. were found in the anterior 4 inches, and inasmuch as strictures generally owe their existence to urethral inflammations, gonorrhœal in character, this is to be expected, since the inflammatory process, as a rule,

limits itself to the anterior part of the urethra. The locations of the 446 strictures were as follows: including contractions of the meatus, there were in the

FIRST SERIES OF 100 CASES:

Location.		
	Anterior, $\frac{1}{4}$ inch,	38
	Between $\frac{1}{4}$ and $1\frac{1}{4}$ inch,	47
	" $1\frac{1}{4}$ " $2\frac{1}{4}$ "	51
	" $2\frac{1}{4}$ " $3\frac{1}{4}$ "	50
	" $3\frac{1}{4}$ " $4\frac{1}{4}$ "	14
	" $4\frac{1}{4}$ " $5\frac{1}{4}$ "	11
	" $5\frac{1}{4}$ " $6\frac{1}{4}$ "	9
	" $6\frac{1}{4}$ " $7\frac{1}{4}$ "	5
	Total,	225

SECOND SERIES OF 100 CASES:

Location.		
	Anterior $\frac{1}{4}$ inch,	41
	Between $\frac{1}{4}$ and $1\frac{1}{4}$ inch,	45
	" $1\frac{1}{4}$ " $2\frac{1}{4}$ "	50
	" $2\frac{1}{4}$ " $3\frac{1}{4}$ "	48
	" $3\frac{1}{4}$ " $4\frac{1}{4}$ "	15
	" $4\frac{1}{4}$ " $5\frac{1}{4}$ "	9
	" $5\frac{1}{4}$ " $6\frac{1}{4}$ "	7
	" $6\frac{1}{4}$ " $7\frac{1}{4}$ "	6
	Total,	221

It will thus be seen that of these 446 strictures, 399 or 89 per cent were located in the anterior four and a quarter inches; while the remaining 47 were located between four and a quarter and seven and a quarter inches.

Fifthly. The possibility of a *radical cure of stricture by dilating urethrotomy*, is a point of such practical importance that it can not well be over-rated. It is very doubtful whether stricture is ever thoroughly cured by any other method of treatment than that of cutting.

It is certain that strictures have long been classed among the *opprobria chirurgicorum*, and until Dr. Otis' articles awakened general interest in this department of genito-urinary surgery, the surgeon's work was considered as only half done when he had succeeded in restoring the urethral calibre to 8 or 10 E. Dr. T. B. Curtis in the

essay upon stricture already alluded to, after directing the size to which dilatation ought to be carried, says, "But the mission of the conscientious surgeon is not yet terminated. Although he may have the right to send his patient away as cured, he ought not only to have restored the strictured urethra to a calibre which can suffice for the passage of urine; it is still his duty to put his patient in a position to give himself the consecutive treatment, without which all strictures by whatever manner treated, will relapse infallibly." (Otis, page 71), Again, Erichsen (vol. II, page 866) says, "After the operation of internal urethrotomy, a full sized instrument should be immediately passed, etc. After that, the patient should be taught to pass it for himself, and continue to do so occasionally for some years." Authorities may be multipled on this point almost without limit. Nothing short of careful observations and examinations of cases operated upon by dilating urethrotomy, can decide the question of the thorough curability of stricture. Careful men such as Otis, Mastin, Pease, Brown, Teevan and others, have placed on record the results of their own experience, and claim radical cures. Dr. Otis reports of his first published series of 100 cases, 31 which were re-examined and found free from any recontraction; the time after operation varied from three years to two weeks. His second reported series consisted of 136 cases, 38 of these were re-examined, and no recontraction had taken place. Dr. Mastin reports 30 cases operated upon; 12 were carefully re-examined at intervals varying from two years to four months after operation, and nine radical cures are claimed by him. Dr. Pease has published a tabulated statement of 45 cases operated upon in which the full details of the dilating urethrotomy were thoroughly carried out. 24 cases of this series examined at intervals of from one month to two years, showed no recontraction. Dr. Brown says, "* * * I propose to extend these comments, especially with reference to the results of the operation, not sufficient time having as yet elapsed to make me willing to venture an opinion. I feel justified in stating, even now, that I have made re-examinations where the strictures have been completely divided, nine months after the operations, without finding re-contractions." *Md. Med. Jour.*, May, 1877.

Of the 200 cases which form the basis of my own experience, I have been able to re-examine only 57, and in all of these, only in two had recontraction occurred, though from four months to three years

had elapsed since the date of operations. Many of my cases belonging to the out-door clinic of the College are lost sight of, often before they are really prepared to be discharged; so that great difficulty is necessarily encountered in obtaining re-examinations. In private practice much less trouble is encountered. It thus seems that out of 511 cases operated upon and here collated, 162 were re-examined at varying intervals, from a few months to several years, and 157 were found free from any contraction or narrowing capable of being detected with the bulbous sound or urethra metre, and hence may be called *radical cures*. It must not be forgotten that many of the cases not re-examined only because they were not accessible, would probably augment the number of radical cures; stricture patients have a way of hanging on and turning up whenever their symptoms become troublesome, and the fact of prolonged absence strengthens the supposition of radical cures having been effected in a large number of them. Such results as those above given are not obtained from any other method of treating strictures known to me, and I do not believe we are doing justice to our patients in quietly ignoring it, and persevering in the paths of tradition.

ACCIDENTS.

In surgical work a certain amount of undesired and oftentimes unavoidable results are associated with the operations. Without enumerating such accidents as are generally ascribed to dilating urethrotomy, I will briefly allude to such as have come under my immediate observation.

FIRST SERIES.

Rigors, or Urethral Fever,	10
Peri-urethral Abscess,	1
Acute Urethritis,	3
Curvature of Penis,	1
Epididymitis,	1

SECOND SERIES.

Rigors, or Urethral Fever,	7
Peri-urethral Abscess,	3
Acute Urethritis,	1
Hemorrhage,	1

Urethral Fever which was met with on seventeen occasions, is not by any means to be considered as uniformly a matter of trivial im-

portance. The chill which ushers it in may often occasion serious alarm to both patient and surgeon as the fore-runner of some serious accident. In my cases the chill was followed by a rise of temperature of from two to four degrees, which, however, subsided in a few hours, and did not return. The chill usually comes on at the time of or within an hour after the first act of urination. I have endeavored to ward it off by the administration of morphia and quinine, and it has seemed to me these agents were of great service, for, whenever they were omitted or delayed the chill occurred, and sometimes, too, when given as desired.

Peri-urethral Abscess was encountered four times, and in the first series following section with the Maisonneuve instrument, and not, therefore, chargeable to *dilating* urethrotomy; thrice in the second series without assignable cause. In the first series, the patient, an old subject of stricture, was seized with retention, which he had tried to relieve with his own catheter. He drew blood several times, and failing to introduce the instrument, consulted some two or three medical gentlemen without success. I was called to see him on the fourth day of his attack; his condition was extremely bad; from pain and loss of rest, as well as from great nausea, the result of opiates, he had become very weak. A firm, hard, painful swelling was found in the perineum. With difficulty, under chloroform, a filiform bougie was introduced through the stricture, and after it, the guide for the Maisonneuve urethrotome with which the stricture was cut to No. 8 E., and a catheter used to draw his water; forty eight hours after this, the abscess was opened, giving vent to several ounces of laudable pus. The week following he was cut to 36 F. his normal calibre, without the slightest accident; was re-examined five months afterwards with 36 bulb, and no re-contraction noted.

Acute Urethritis developed four times, but gave no trouble.

In one case, a *curvature of the penis*, very annoying to the patient, resulted; this also passed off within three months, and has given him no trouble since.

The case of epididymitis was in an out-patient laboring under an urethritis, and as I afterwards found out his testicle had been painful for twenty-four hours previous to the operation.

Hemorrhage occurred but *once;* it is an accident, however, sometimes met with, and most frequently follows those operations performed upon the deep urethra. A slight amount of blood is of

course lost at the time of operation; this, however, rarely requires any other treatment than the application of a bandage, which should be retained until after the first urination, and then re applied if any bleeding follows. It frequently happens that this bandage is required as a precautionary measure after the passage of the sound, two or three days following the operation. In only one instance did the amount of blood exceed four or five ounces. The exceptional case, one of secondary hemorrhage, gave great trouble before it could be finally controlled.

Whilst in the series of cases here reported, no deaths or serious accidents have occurred, it ought not to be inferred that the operation itself is absolutely free from them. Dr. Otis reports four deaths in 336 cases, two of which were in connection with the perineal section, and two from internal urethrotomy alone. One of these cases died from *pyelo-nephritis* and *renal abscess*; the remaining three from *suppression of urine* and *uræmia*. Still, such accidents would probably have followed any surgical interference, and should be weighed with similar results from catheterism, dilatation, divulsion and section.

One of my cases was laboring under an attack of pyelo-nephritis and abscess at the time of operation; the abscess discharged through the ureter and bladder, and after a serious illness of several weeks he recovered. I feel sure that in this case his stricture, a very close one, was the starting point of his whole trouble; that having induced an inflammatory condition of the bladder it extended to the kidneys, and my patient, though long aware of the existence of his stricture, yet refused to have it attended to, until, from failure of his health, and the renal trouble, he was unable to continue his occupation. Had *death* occurred in this case, and at one time such a result was expected, whilst it would have been charged to the operation, I am by no means sure such a charge would have been proper; resulting favorably, I am willing to believe, had not the stricture been freely opened, death would certainly have occurred.

A point to which attention should be directed, is that made by Dr. Keyes in his excellent contribution to venereal diseases, published as one of the volumes of Wood's Library; viz: that dilating urethrotomy should be restricted to the pendulous urethra. Dr. Ambrose L. Ranney, (*N. Y. Med. Journal*, August and September, 1880) would limit the operation to such strictures as are situated within *four*

inches of the meatus, and believes three inches would be the safer rule.

These gentlemen claim that all the dangers and accidents reported have occurred from operations done upon the deep urethra. My own cases have been treated without regard to this advice, and so far without regret. But inasmuch as 75 to 80 per cent. of all contractions are found in the pendulous urethra, the caution given will apply to only a small class. Still I think attention should be given to results obtained both upon those contractions in the anterior as well as those in the deep urethra ; and careful observations should be made as to the liability of danger and accident with relation to the situation of the contraction.

The operation of Mr. Holt, divulsion, in my opinion should be discarded, since it only tears the urethra, producing a traumatic stricture liable to become very intractable in the future, and is, moreover greatly inferior to section. Dilatation should be reserved for contractions of extremely small calibre, and as a preparatory stage to section.

In conclusion, let me add a few extracts from the discussion of our subject, which took place before the British Medical Association two years ago.

Sir H. Thompson said : "In my hands internal urethrotomy has been as safe and as efficient as Syme's operation. Splitting and over-distention are not so efficient as a well-performed urethrotomy, for a complete division of the stricture tissue is the object required."

Mr. Teevan only differed in a few points of detail from the conclusions of Sir H. Thompson. "When an operation is required, certainly internal urethrotomy is the best. If all the deaths due to Holt's operation had been carefully published, that operation would have died a natural death long ago. He had never had a death from internal urethrotomy, and had never heard of one in a young man."

Finally, Mr. J. Wood thought rupture a dangerous procedure ; he had seen several fatal cases. Internal urethrotomy is the operation for the future.

Linden Ave. and Lanvale St.

SPECIAL CHRONICLE.

A YEAR'S PROGRESS IN RECTAL DISEASES.

(This chronicle does not pretend to be absolutely complete, it only includes the most accessible and useful articles written on the subject.)

RECTAL EXPLORATION.

KELSEY, C. B.—Rectal exploration and diagnosis, N. Y. Med. Journal, 1881, xxxiv—337 and repr.

RASORI, E.—L'endoscopio rettale del Manessei. Gaz. d'osp. Milan, 1881, ii, 392 and repr.

Dr. Kelsey thinks the symptomatology in rectal diseases is of little diagnostic value. He prefers Sims' speculum, its thorough use involving the administration of ether and the stretching of the sphincter. But at best the speculum is useful only in inspection of, applications to, and operations in the rectal pouch. With Syme he discounts the reliability of the bougie in diagnosis of strictures high up in the bowel, and in such cases he is slow to recommend the hand as a diagnostic means, it being sometimes anatomically impossible to pass it. A little delay in using such a dangerous method, will, in most cases which seem to demand it, make evident undoubted symptoms of intestinal obstruction.

FISSURES, ULCERS AND ULCERATIONS.

RICHET—Sur les fissures, gercures, ou ulceres a l'anus. Fran. Med. Par., 1881, xxviii, 14.

GOODELL, W., Fissures and constipation.—South. Clinic, 1881, iii. 62.

MASCAREL—Traitement sans operation.—Fran. Med., 1881, xxxviii, 758.

HARRIS, C. P.—Ulceration of rectum.—Trans. Miss. M. Ass., 1881—xiv, 147.

POLK, W. M.—Ulcer of the rectum—M. and S. Rep., Phila., 1882—xlvi, 486.

FOREIGN BODIES IN THE RECTUM.

STEEL.—Wine bottle impacted in rectum.—Br. Med. J., 1881—i, 952.

GENTILHOMME.—Foreign body arrested in sigmoid flexure; extraction by abdomen; suture of intestine; cure. Reims.

GAYRAUD.—Extraction au moyen de la pince a faux germes de Levret, Gaz. hebdom, (Montp.) 1821—iii, 375.

In Steel's case all means of natural extraction were tried; these failing, colotomy was done, but the patient died in two days; mainly it was thought, from the after effects of the prolonged chloroform anesthesia, although the rectum was ecchymotic from supposed manipulations for the extraction of the bottle. There was no effusion from the gut.

This case recalls some related by Poulet, (Foreign Bodies in Surgery. Wood's Library.)

FISTULA IN ANO.

MATHEWS, J. M.—Hints on operating for fistula in ano—Med. Herald, 1881—iii, 268.

REEVES.—A new method of treating.—Br. Med. J., 1881—i, 917.

Reeves divided a long fistula in the usual way, and with a sharp scoop scraped away all pseudo-membranous tissue. Both surfaces were vivified and three silver sutures were passed; these were removed in a week. He recommends this method as a substitute for the usual operation. He keeps the bowels well open before, and confines them for four days after.

HEMORRHAGE.

ANDERSON, J. W.—Case of hemorrhage from rectum; pyrogallic acid.—Glasg. Med J., 1881—xv., 226.

ALLBUTT, C.—Surgical aids to medicine; tincture of iron in rectal hemorrhage in hemophilia. Br. M. J., Jan. 7, 1882.

HEMORRHOIDS.

POLLOK, G.—Treatment of, by crushing. Lancet.—Lond., 1880, i., 1.

BENHAM, R. F.—Do. Lancet, Lond., 1882.—i, 602.

CLARKE, F. F.—Treatment of, by crushing vs. clamp and cautery.—Lancet Lond., 1880.—ii, 721.

COATES.—Operation for removing internal piles.—Br. M. J., 1881—ii, 350.

GAY.—Hemorrhoids.—Lancet, Lond., 1881.—ii, 168, 366.

GAY.- Hemorrhoidal disorders.—Lond., 1882. 8.

SMITH.—Description of a serrated cutting cautery in the operation for hemorrhoids and prolapsus.—Lancet, Lond., 1881.—i., 368.

WHITEHEAD, W.—Surgical treatment of hemorrhoids.—Br. M. J., '82.—i, 148.

BLACKWOOD.—Some points in the treatment of hemorrhoids.—Trans. Am. Med. Ass., Phil., 1881.—xxxi, 891.

BUROW.—Ueber hemorrhoidal operationen. Centralbl. fuer chir. Leipz., 1880. vii, 721.

BATTEN, J. M.—Carbolic acid as an external application to piles.—M. and S. Rep., Phil., 1882.—xlvi., 27.

KELSEY, C. B.—Treatment of hemorrhoids by injection of carbolic acid.—N. Y. Med. J., 1882, xxxvi, 131.

BODENHAMER, W.—The treatment of hemorrhoids by the dilatation of the anal sphincter.—Med. Rec., N. Y., 1882. xxi., 509, 537.

The discussion between Pollock (who invented the method of crushing) Benham (who invented Pollock's instrument) and Clarke, who defends Cusack's operation as modified by Smith, (clamp and cautery) is interesting reading. The operation seems to be followed

by but transient pain, but a ligature has often to be used at the time of the operation, to secure some oozing vessel in the crushed stump; but perhaps it may be found on further experience, that keeping the crusher on the pile a longer time (2 or 3 minutes) may entirely prevent this occasional necessity.

Coates refers to the four recognized operations: 1, tying the piles in two portions and leaving the parts to slough away; 2, first ripping the mucous membrane and tying the vein alone—a less painful method; 3, the Cusack-Smith operation—objectionable in Coates' opinion, because not secure against hemorrhage; 4, Pollock's. Mr. Coates uses a clamp of his own device (figured in the article). By passing sutures behind the clamp, and cutting off the pile above it, he first secures any bleeding vessels, and then closes the wound by the sutures previously passed.

Mr. Smith describes a serrated and a cutting cautery, the blades being set either at right angles to the shaft, or nearly parallel, as may be desired. He uses the cutting cautery in operating on small piles, and the serrated one where the piles are large and vascular. He recommends it as a safe, reliable and rapid method.

In Whitehead's method the sphincter ani is forcibly dilated as a preliminary, preventing suffering from its spasmodic contractions after the operation. He dissects up the pile with scissors until healthy mucous membrane is reached, leaving only cellular tissue and vessels. Then the pile, in ring forceps, is twisted off; the divided mucous membrane is then drawn down and sutured to that at the verge of the anus; but a small quantity of blood is lost and the objection that stricture is likely to follow, does not obtain in practice. The operation is founded on Quain's demonstration that the arteries in the lower part of the rectum descend from above, running vertically in parallel lines towards the end of the gut in the cellular tissue between the mucous membrane and the muscles.

Batten reports a case of both internal and external piles cured, the former by an injection of carbolic acid (3i to Oj water) and the latter by a lotion of 1-30th.

Kelsey gains confidence with increased experience—so much so that he formulates the proposition that in the injection of carbolic acid, we have a safe, reliable and painless method of radically curing hemorrhoids. Ulceration and pain only occur when the solution used is of too great strength. He began with a solution of carbolic

acid, one part, water, three parts, and glycerine three parts; giving five minims of this at one injection; but now he uses a solution of half this strength. He injects once a week, but believes it can be done even oftener.

Bodenhamer enters into a historical resume, and description of the different methods of dilatation of the sphincter ani, but the most interesting part of his paper is the consideration of Hyrtl's *sphincter ani tertius*—the internal sphincter of Lisfranc. Chadwick (Gynecolog. Trans., vol. 2, p. 44 and plates) in investigating this subject and by following Hyrtl's directions found two constrictions of the rectum about three or four inches above the anus, one anterior and lower, the other posterior and higher, due to the presence of "two distinct masses of circular fibres, each encircling about half the circumference of the canal."

PARALYSIS OF SPHINCTER ANI.

JACOBY, A.—Paralysis with incontinence of Fæces.—Clin. Lect. Med. Gaz. N. Y., 1882. ix. 100.

PROLAPSUS ANI ET RECTI.

VIDAL.—Prolapsus hemorrhoidal gueri par inj. hyp. d'ergotine; 6 cases. Bull. et mem. de Therap., 155, Par. 81, ns. vii, 116.

MACLEOD.—Severe prolapsus ani; operation; recovery.—Glasg., M. J., 1881, xli. 129.

DELENS.—Prolapse, traitement par cauterization (No. 5) J. de Therap. 81, viii, 525.

AZEMA, Louis.—Essai sur le traitement du prolapse du rectum. Bordeaux 1881.

HARRIS, A.—Successful treatment of a prolapse of ten years' standing: ergotine hypodermically.—Va. Med. Monthly, 1880-vii, 702.

MATHEWS, J. M.—Subcutaneous injection of ergotine in prolapse.—Med. Herald, Louisv., 1880-1, ii., 350.

WEBER, L.—Cases of prolapsus ani successfully treated by hypodermic injection of strychnine.—N. Y. Med. Rec., xviii, 1880, 682.

IMPERFORATE ANUS IN NEW BORN.

WALLBAUM.—Ein Fall von, mit Procto-plastic. Berl. Klin. Woch., 1880, xvii, 567.

BYRD, W. A.—Lumbar colotomy in the new born (imperforate anus). Repr. St. Louis Cour. Med., 1881, vi, 504.

SEXTON.—Imperforate anus; operation; recovery.—N. O. Med. and Surg. J., June 17, 1882, p. 902.

THORNLEY, J.—A case of congenital closure of rectum.—Glasg. Med. J., 1882, xvii, 384.

Rudicill, R. Y.—An operation for imperforate anus.—Atlanta Medical Reg., 1882, i., 469.

Weir, R. F.—Imperforate rectum; lumbo-colotomy.—Med. Gaz., N. Y., 1882, ix., 209.

Sheen, A.—Colotomy in left groin.—Lancet, Lond., 1880, ii., 929.

Reeves.—Left inguinal colotomy for stricture of rectum.—Br. Med. J., June 17, 1882, 902.

Sheen performed left inguinal colotomy on a patient for rectal obstruction, with excellent immediate results. In six months the patient was re-admitted to the Cardiff Infirmary for contraction of the opening in the loin, which admitted only a No. 6 catheter. A sponge tent left in 24 hours relieved the stricture. Later, he passed flatus and fæces by the anus. A year later, the opening in the loin was still patent, but the bowels were relieved naturally. There was still a hard epitheliomatous tumor just inside the anus, with a thin band of new deposit higher up the bowel.

Reeves advocates inguinal colotomy, and gives cases and details. This operation, he says, avoids the risk of unintentionally opening the peritoneal cavity. An advantage of the operation is, if innocent stricture is present, a bougie may be passed carefully through it from above. His incision is a little higher than that advised in the books, a little more than an inch above Poupart's ligament, and extending from just external to the internal inguinal ring to a little external to the anterior superior spine of the crest of the ilium. An appendix epiploica will usually be seen, and if this be steadily drawn upon, the bowel will follow; at times Mr. Reeves stitches the bowel to the skin, and again to the parietal peritoneum. All of his cases have done well.

RECTAL ALIMENTATION.

Mackenzie, M.—Nutritive injections.—Med. News, Aug. 26, 1882, 239, from Journ. de Med. de Paris, Aug. 5, 1882.

Tyson, W. J.—Rectal alimentation.— Br. Med. Journal, March 25, 1882, 420.

Mackenzie recommends the following combination:

Boiled beef, mutton or chicken, . .	℥ iijss.
Sweetbread, ...	℥ ij.
Fat, ...	ʒ v.
Brandy, ...	ʒ ij.
Water, ...	℥ ijss.

"The meat, fat and sweetbread should be minced very fine and passed through a sieve. The injection should be warmed (32°–35°c)

before use, and should not be given oftener than twice in twenty-four hours; the rectum should be washed out with warm water before this injection is administered.

Tyson calls attention to the fact that nutrient enemata are much more efficient since the introduction of artificial digestives of which the best is Benger's liquor pancreaticus (Roberts' Lumleian lectures, 1880, on the digestive ferments, and the preparation and use of artificially digested food). Metcalfe of Boston has the same preparation. The enema is to be prepared in the usual way with milk, milk gruel and beef tea. To half-pint of milk, add a tablespoonful of liq. pancreaticus and a teaspoonful of bicarbonate of soda; give three ounces of this mixture every two to six hours as the case requires.

Darby's peptonized fluid meat has been used with good success, as also injections of defibrinated ox's blood. Of this latter, Parke, Davis & Co. make a dry preparation to which it is only necessary to add warm water. The dejections next day show no traces of blood.

The writer has had great satisfaction in the use of Liebig's cold soup (put ten drops muriatic acid in twenty ounces cold water; add eight ounces raw lean beef finely minced, and a little salt; let stand one-half hour and strain). For rectal use the raw beef odor and color are not objectionable, but for oral use the raw beef taste can be disguised by the addition of a small quantity of Valentine's extract. Three ounces of this preparation with one ounce of milk and a half ounce whiskey are to be injected *pro re nata*. In two recent cases, one an ulcer of the duodeum with stricture, the patient was kept alive seven weeks by the use of this formula; in fifteen minutes after making the injection her hunger would be completely satisfied. In the other case (acute gastric catarrh) there was no sensation of hunger, but the patient was rapidly wasting, being able to retain neither food nor medicine. A week's use of this enema gave her enough strength to travel, and a sea trip completed the cure.

The Fountain syringe is better than the Davidson; its steady flow being more agreeable than the pump action and less likely to excite the rectum to spasmodic contraction. The force of the apparatus is easily regulated by raising or lowering the reservoir.

B. F. LEONARD.

SOCIETY PROCEEDINGS.

THE AMERICAN DERMATOLOGICAL ASSOCIATION.

The sixth annual meeting of this association was held at Newport, August 30th to September 1st, under the presidency of Dr. Jas. Nevins Hyde of Chicago. There were present, Drs. Hyde and Chas. Gilman Smith of Chicago, W. A. Hardaway of St. Louis, L. A. Duhring of Philadelphia, J. C. White of Boston, R. W. Taylor, H. G. Piffard, C. Heitzmann and A. R. Robinson of New York, I. E. Atkinson and George H. Rohé of Baltimore. Several gentlemen were also present by invitation.

In his address, the President, Dr. Hyde, briefly reviewed the progress made in dermatology in this country during the organization of the association in 1876, and congratulated the members on the field of usefulness which the association occupied. The association could view with satisfaction the influence of its work upon the history of medicine in America. The future of the organization would be no less brilliant than its brief past. "It is impossible to doubt," said Dr. Hyde, "that this association gives a promise of usefulness to its members, and in a scarcely less degree to the medical profession of the country, whose realization will be indeed precious. By pursuing the same straight and simple path which it has heretofore recognized as safest, making sure of its facts and securing the results, with a cool disbelief for that which cannot be shown to be worth accepting, it surely needs no great change in either its purpose or policy to reach the desired end."

Dr. Heitzmann gave the results of his studies on *myxo-angioma of the skin*, the ordinary vascular nævi or mother's marks. The affection consists in a new formation of blood vessels imbedded in a myxomatous tissue, hence the name *myxo-angioma*. It appears in three forms : superficial or *simple angioma;* invading the glands, *lobular angioma;* entirely subcutaneous, *cavernous angioma*. His remarks were confined to the first form. These growths may be best extirpated by snipping them off with scissors if they are pedunculated, and applying silver nitrate or nitric acid to the base. If sessile, fuming nitric acid may be applied directly to the spot. The galvano-cautery may also be used to advantage.

Dr. Hyde read a carefully prepared clinical paper on *dermatitis papillaris capillitii*. This is a rare inflammatory affection of the deeper structures of the skin, localized upon the occipital region of the scalp, and the contiguous skin of the back of the neck. It generally begins at the junction of the hairy scalp with the neck. The patches are irregular in size and shape, somewhat elevated above the surrounding skin and dotted with tufts of hair. The patch contains pus and a mucoid fluid like that found in kerion. No parasite could be found.

During a discussion on the paper, several of the members expressed the opinion that the disease was due to the irritation of the skin produced by a stiff and perhaps frayed shirt collar. The treatment is local.

Dr. Taylor in some *notes on psoriasis* called attention to the probability of a remote etiological connexion between syphilis and psoriasis. He had found on closely interrogating his patients suffering from psoriasis, that in fully twenty-five per cent. he could obtain a history of syphilis in one or both parents. The prognosis was more favorable in the early stages, and he had found that when it began in childhood, Donovan's solution was a more effective remedy than arsenic given alone. The general opinion of the members present as brought out by the discussion was adverse to the position assumed by Dr. Taylor.

Dr. Rohé reported two cases of *acute general psoriasis following vaccination*, occurring in his practice during the past winter and spring. In neither of the patients—one 28 years of age and the other nine—had there been any previous manifestation of the disease, or of any other skin affection. No members of the family of either patient had ever had any skin disease, syphilis, gout or rheumatism.

The disease yielded in the first case to acetate of potash and fluid extract of taraxacum in half dram doses three times a day, and hot alkaline baths daily. In the second case the eruption disappeared on the administration of Fowler's solution in three-drop doses thrice daily, combined with the local use of strong ointment of ammoniated mercury.

Dr. Piffard read a paper on the therapeutic uses of sulphide of calcium or as it was more properly called *sulphurated lime*. The composition of the drug is not uniform, and many specimens contain no sulphide of calcium whatever, the latter compound being difficult to

manufacture, and when it could be obtained in a pure state, very expensive. Sulphurated lime should ordinarily be given in doses of one-tenth to one-sixth grain. Doses of one grain were rarely needed. Its best effects were obtained in acne, pustular eczema and non-parasitic sycosis.

The history of a case of *pigmented neoplasm of the skin* was reported by Dr. Hardaway. The case was a man aged forty; no syphilitic history. About eleven years ago the lymphatic glands in various portions of the body, notably in the axilla, groin, neck and elbow, began to enlarge. Iodide of potassium continued for several months, failed to have any effect on the enlargements, but was followed by a papular eruption on the face which left pigmented spots on the involution of the papules. The iodide was discontinued, but the pigmentation remained and other spots appeared, not, however, being preceded by papules. The spots vary in size from a split pea to a large one, two inches by one inch in size, and occupy the face, knees and insteps. The patches are oval in shape and *orange colored;* the centres of the larger patches being pinkish. The spots are not ulcerated, but the surface of the small ones and the borders of the large ones are slightly cracked and frayed. The skin was slightly infiltrated, and a microscopic examination by Dr. Heitzmann showed that it possessed the structure of a *myeloma* or pigmentary sarcoma of the skin.

Dr. Robinson read a report of extended original investigations into the anatomy of *the nerves of the skin.* Contrary to the usual belief of histologists, Dr. Robinson has demonstrated that the sensory nerves do not terminate by free extremities, or so-called end-buds, but form loops or plexuses in the papillæ and tactile corpuscles. The paper was illustrated by many beautifully prepared microscopic sections, which seemed to substantiate entirely the claims of the author.

The vexed question of the *contagiousness of leprosy* was considered in a very thorough paper by Dr. White. The author believes in the transmission of the disease by contact and inoculation. He presented strong evidence to show that the disease was often transmitted by contact, and that in many cases we could account for the disease in no other way. He also reviewed the evidence in favor of the etiological importance of the *bacillus leprœ*, and was inclined to accept the doctrine of the bacterial origin of the disease. In the

discussion which followed the paper, Dr. White's views did not meet with full acceptance, Drs. Hyde and Rohé declaring their disbelief in the specificity of the *bacillus leprœ*, and denying, on clinical grounds, its importance as an etiological factor of the disease.

Dr. Heitzmann communicated the results of his use of *ergot in skin diseases*. He had found it useful in acne, sycosis, pruritus and urticaria. He gave half a dram of the fluid extract twice a day.

Dr. Hardaway had been in the habit of using ergot locally in skin diseases, especially in certain forms of eczema, and believed he had derived advantage from its use.

A paper on the *circinate papular syphiloderm*, a somewhat rare syphilitic lesion of the late secondary period, was read by Dr. Atkinson. It develops from the large flat papular eruption, by a depression in its centre, and a peripheral extension of its limits. The ring may attain the size of a half dollar, and closely resemble ring-worm. No parasite will, however, be found, and by close interrogation a history of syphilis will be elicited and dispel doubt as to the nature of the eruption.

The *report of the committee on statistics* was read by the permanent chairman, Dr. White. The total number of cases of skin disease communicated to the committee during the last five years was 58,617. During the past year 11,514 cases had been observed, in which a presumably correct diagnosis had been made. The most common skin diseases according to this report were eczema, syphiloderma, acne, urticaria, scabies and pruritus.

Dr. White also related his experience with a remedy now largely sold by the apothecaries as *a cure for warts*. It consists of cannabis indica, ten grains; salicylic acid, thirty grains; and collodion, one ounce. It should be applied daily for three or four days. He had seen no failure from its use in about fifty cases.

Dr. H. W. Stellwagon of Philadelphia, and Drs. P. A. Morrow and W. T. Alexander of New York, were elected to membership.

The following officers were elected for the ensuing year:

President, Dr. R. W. Taylor. *Vice-Presidents*, Drs. I. E. Atkinson and A. R. Robinson. *Secretary*, Dr. A. Van Harlingen. *Treasurer*, Dr. George H. Rohé.

The *next annual meeting* will be held at Lake George, August 29, 30, and 31, 1883.

CURRENT LITERATURE.

SYPHILIS. By V. Cornil, Professor in the Faculty of Medicine of Paris, and Physician to the Lourcine Hospital. Translated, with notes and additions, by J. Henry C. Simes, M. D., Demonstrator of Pathological Histology in the University of Pennsylvania, and Assistant Surgeon to the Episcopal Hospital, Philadelphia, and J. Wm. White, M. D., Lecturer on Venereal Diseases and Demonstrator of Surgery in the University of Penna., and Surgeon to the Philadelphia Hospital. With eighty four illustrations. Philadelphia, Henry C. Lea's Son & Co., 1882., Baltimore, Cushings & Bailey. Price, $3.75.

This work of Prof. Cornil is, as the translators state in their preface, "a genuine addition to our knowledge of syphilis." The clinical history and therapeutics of syphilis have been often better treated in other works, of which those of Bumstead and Taylor and of Keyes probably stand at the head; but in this work the anatomical history of the disease is, for the first time, most thoroughly worked out by the learned author. It is beyond question, that a thorough knowledge of the morbid histology of a disease will enable one to arrive at a more accurate diagnosis, and institute more rational and satisfactory treatment.

The editors have added largely to the original text, their additions comprising nearly one-half the book. While the propriety of submerging an author's views in the emendations of his editor, may seem open to question from a strictly literary point of view, the result in the present case is undoubtedly to the profit of the reader, who thereby gains the advantage of much valuable, indeed necessary, knowledge omitted by the author.

The wood-cuts which illustrate the text have been copied from the lithographic plates of the original work. They are generally well executed, and give a good representation of the microscopic features of the diseased tissues.

The publishers' work is worthy of all praise.

A MANUAL OF MIDWIFERY, including the signs and symptoms of pregnancy, obstetric operations, diseases of the puerperal state, etc., etc. By Alfred Meadows, M. D., Physician-accoucheur to St. Mary's Hospital and Lecturer on Midwifery and the Diseases of Women and Children, at St. Mary's Hospital Medical School. Third Ameri-

can, with additions, from the fourth London edition. With one hundred and forty-five illustrations Philadelphia, P. Blakiston, Son & Co., 1882. Baltimore, Cushings & Bailey. Price, $2.00.

Meadows' Manual of Mid-wifery has been a popular text-book with British medical students for a number of years. It contains in a moderate compass, all that a student really needs to know in order to manage either the simplest or the most difficult obstetrical case. It is true the elaborate discussions on the mechanism of labor, or the long arguments *pro et contra* the methods of delivery in pelvic malformations are not found in this modest volume. In our opinion, this is an advantage, since the best way of teaching students is to state things more or less dogmatically. A teacher should have had sufficient experience to entitle him to express an opinion with some positiveness. A desire to view a subject from all sides, and allow the student his own choice of opinion, is often confusing, if not misleading. This work of Dr. Meadows is not open to this objection. The author has maturely formed opinions, and he expresses them briefly without obscuring them by too much argument and show of proof. At the same time, nothing essential is omitted, and the at present popular rage for condensation has not influenced the author to squeeze all the life out of his words. The book is written in a pleasant style, which makes it all the more desirable, as text books generally are decidedly lacking in literary finish.

We can conscientiously say that few hand-books on midwifery meet so fully the requirements of the subject as this one, and we unhesitatingly recommend it as a reliable guide to students and practitioners.

In spite of its very moderate price, the publishers have presented it in a very neat and substantial style.

Lacerations of the Female Perineum and Vesico-Vaginal Fistulæ; their History and Treatment. By D. Hayes Agnew, M. D., Professor of Surgery in the Medical Department, University of Pennsylvania, with illustrations. Philadelphia; P. Blakiston, Son & Co., 1882. Baltimore; Cushings & Bailey. Price 75 cents.

This work consists of two exhaustive papers on Lacerations of the Perineum and on Vesico-Vaginal Fistulæ, originally published in the journals. Some years ago they were revised by the author and issued in book form to meet the demand for a thorough practical

work upon these important subjects. The present work is a reprint without change, of the first edition. Recent views of the anatomy of the perineum, and new and perhaps better methods of operating than those formerly practiced, are therefore not found in Dr. Agnew's book. To those, however, who would know the history of the development of the operations for lacerated perineum and vesico-vaginal fistula, at present practiced, and no other should perform these operations, the book is a necessity. The book is, in addition, full of details of cases and of practical hints which will be found of inestimable value to the surgeon on many occasions.

While we regret that the recent advances in this department of gynecological surgery were not incorporated in the work, we can heartily recommend it as cheap, practical and reliable.

Announcement and Catalogue of the Medical College of Virginia. Forty-fifth annual session.

Report on Surgery. By W. O. Roberts, M. D., Prof. of Surgical Pathology and Operative Surgery, University of Louisville. Reprint from *American Practitioner*, June, 1882.

EDITORIAL.

THE DEATH-ROLL FROM CHLOROFORM.

In the August and September numbers of the MEDICAL CHRONICLE, we gave details of three cases of fatal chloroform anesthesia, occurring in this city, of which we had more or less definite knowledge. On the 15th of August another death occurred from this cause, the details of which have just been reported. (*Md. Med. Journal*, Sept. 1, 1882). The case, in brief, was that of a man of fine physique, 49 years of age, of intemperate habits, who applied to Dr. L. R. Coates for reduction of a dislocated finger. One week after the receipt of the injury, chloroform was administered (at the patient's own request) by a physician of large experience and thoroughly competent. When about one dram of the anesthetic had been administered, "the patient began to struggle violently, his face became livid, and raising himself to a sitting posture, he struck fiercely" at

the physicians and almost instantly died. Efforts were made to resuscitate him, but without avail.

At the post mortem examination, 23 hours after death, the heart was found entirely empty, but otherwise apparently normal. The brain, liver, kidneys and lungs presented no marked alteration. The spleen was ruptured and about a litre (quart) of blood found in the abdominal cavity. Subsequently a history of injury by a violent kick on the left side received a few months before, was elicited by interrogating the friends of the deceased.

As bearing on this question, the following facts may be of interest.

In Prof. Lyman's work on *Artificial Anesthesia and Anesthetics*, (New York, 1881) a case (No. 72, page 151) is related in which the autopsy showed "considerable coagulated and fluid blood in the abdominal cavity, probably consequent upon the violence of the artificial respiratory efforts." Nothing is said about the condition of the spleen in this case, and we are left in the dark as to the organ the blood came from. Another case (No. 185, page 167) exhibited at the post-mortem examination. "fatty degeneration of the heart, rupture of the spleen, considerable blood in the peritoneal cavity."

In this case. no opinion as to the cause of the rupture of the spleen is offered. In a third case, (No. 241, page 174) the following conditions were found at the autopsy:

"Heart somewhat enlarged, flaccid; right ventricle dilated; both ventricles empty; * * * a rupture in the liver measuring eight centimetres long and four centimetres deep; two to three grammes of dark fluid blood in the peritoneal sac; both kidneys engorged with venous blood. It was concluded that the liver had been ruptured by the violent attempts to produce artificial respiration, and that death was the result of the consequent shock."

The question as to the relation of the chloroform to the rupture of the liver and spleen in the cases cited, still remains unsettled. Whether the rupture was produced by the violent attempts at artificial respiration, or whether there was previous disease of the spleen or liver, and the rupture was due simply to muscular action, cannot now be determined. The evidence, in our opinion, points to the former view as the true one.

THE AMERICAN PUBLIC HEALTH ASSOCIATION.

The tenth annual meeting of the American Public Health Association will be held at Indianapolis, Ind., from October 17th to 20th, inclusive. The programme of papers and reports to be presented is a varied and interesting one, and doubtless, contributions of marked value will be offered. A circular issued by the Secretary, Dr. Azel Ames, Jr., states that more time will be allowed for the discussion of papers than at former meetings. This will, doubtless, add to the value and interest of the meeting.

All of our readers who take an interest in preventive medicine—and we should be sorry to have any readers who do not—should add to the power and influence of this association by becoming members. The annual volume of transactions is easily worth twice the assessment for dues, and the consciousness of aiding, though in a slight degree, to the advancement of sanitary science, should, in itself be a sufficient reward.

FLOTSAM.

Prof. Hildebrandt of Konigsberg, the distinguished gynecologist, is dead.

This number of the Medical Chronicle contains twenty-eight pages of reading matter.

Dr. Edward J. Chaisty, an old and well-known physician of Baltimore died August 16th.

Medical Inspector B. F. Gibbs, U. S. Navy, died at Trieste, Austria, on the 9th of September.

"Doctors and mackerel," says the Boston *Post*, "have this in common; they are seldom caught out of their own schools.

Dr. George R. Dennis, lately United States Senator from Maryland, died at his home in Caroline County, Md., on August 13th.

Dr. B. F. Leonard has resigned the Professorship of Physiology and Surgery of the Rectum in the Baltimore Medical College.

The essentials of vaccination, by Dr. W. A. Hardaway of St. Louis, has just been published by Jansen, McClurg & Co., Chicago.

Dr. H. Pidoux, the distinguished co-laborer with Trousseau in the authorship of the "Treatise on Therapeutics," died on the 4th of August.

Dr. W. T. Councilman of this city who has been in Vienna engaged in the study of pathology during the past two years, returned home last month.

Prof. Volkmann has declined to leave Halle to become the successor of Langenbeck in Berlin. At last accounts, Prof. Bergmann of Wurzburg had been elected to the vacancy.

The Journal of Cutaneous and Venereal Diseases, a new monthly, will begin this month what we hope will be a successful career. Its editors are Drs. Henry G. Piffard and P. A. Morrow.

Spiræa Ulmaria (Queen of the meadow) is said by Dr. J. Baugh, of Canada to be an excellent remedy in retention of urine from enlarged prostate. It is administered in infusion, made in the usual manner.

Dr. A. W. Smyth of New Orleans, to whom belongs the credit of having performed the only permanently successful ligation of the innominate artery, has recently been appointed Superintendent of the U. S. mint in that city.

Prof. F. M. Balfour, who had only recently been elected to the chair of Animal Morphology in Cambridge University, was killed last month by a fall, in the Alps. Professor Balfour was only 31 years of age at the time of his death.

Dr. Oliver Wendell Holmes says of the present attitude of homeopathy: "What there is left of a three-legged stool after one of its legs is pulled out, and the other two are sawed half or three-quarters through, seems hardly worth sitting down upon.

Dr. W. Owen reports good results from use of tincture of aconite in acute dysentery. He gives one-third of a drop of Fleming's tincture every fifteen minutes for the first two hours. After that the same dose every hour. He speaks highly in its favor.

A frequent desire to micturate with the passage of but a small amount of urine at a time, is stated by Dieulafoy to be one of the frequent symptoms of Bright's disease. If present, it should lead to a thorough examination, when other confirmatory symptoms will often be elicited.

The preliminary course of lectures at the College of Physicians and Surgeons began on the 17th of September. The regular session will begin on the second of October. The introductory lecture will be delivered by Prof. Bevan at 10 A. M. The class this winter will be larger than ever.

Dr. Francis Attwood, Prof. of Diseases of the eye and ear in the Minnesota College Hospital, and a member of the editorial staff of the *Northwestern Lancet*, died in St. Paul on the 7th of August. Dr. Attwood was only thirty-six years old, but had already risen to eminence as a practitioner.

The regular session of the Woman's Medical College of Baltimore will be inaugurated at 11 A. M., October 2d. Prof Ashby will deliver the introductory lecture. The subject of his discourse will be "The medical education of women." The prospect for a good class in this school is very gratifying to its promoters.

A case of pregnancy at the age of sixty-two years is reported by Dr. W. J. Kennedy. The patient had evidently had a long career of usefulness, and had strictly obeyed the scriptural injunction as this was her twenty-third pregnancy. This patient had given birth to six living children and had one miscarriage between the ages of forty-seven and sixty-two.

A COMPLICATED case is reported from Fort Worth, Texas. An irregular practitioner made a diagnosis of "Erysipelas from the toes to the knees; measles from the knees to the waist, and seven years itch from the waist to the top of the head." A number of persons whose curiosity impelled them to visit this phenomenon, contracted small-pox.

THE LAST Congress has done one wise thing at least. An appropriation of $7.500 was made to establish on a secure footing the Museum of Hygiene, inaugurated under the direction of Surgeon-General Philip S. Wales of the Navy. That such an institution has been long needed is evident. The plan of the present organization comprehends a collection that shall be illustrative of the entire range of sanitary science, the establishment of a course of lectures by authoritative sanitarians from all sections of the country, and a library of sanitary science accessible, under proper restrictions and guarantees, to all who are engaged in the study of this branch of knowledge. Contributions of material to illustrate all departments of hygiene—apparatus, plans, models, books, etc., may be sent to the Surgeon-General of the Navy, and will be duly acknowledged.

WE WISH we could personify the Medical Society of Marion County, Ind., long enough to call it AN ASS! The cause of our indignation appears in the preamble and resolution printed below. It appears that Dr. Moses T. Runnels of Indianapolis, who is a member of the American Public Health Association and *a homœopathist*, was appointed chairman of the local municipal committee, to make arrangements for the meeting of the Public Health Association on October 17—20.

The Mayor of Indianapolis appointed Dr. Runnels at the suggestion, it is said, of Dr. Thaddeus M. Stevens a regular physician of high standing. Drs. Stevens and Runnels are at present the only medical members of the Public Health Association from that city. It does not appear to an unprejudiced person that it was any business of the local Medical Society, to interfere in the matter at all, and yet that body put itself on record in the following asinine and bigoted resolution aimed at Dr. Runnels, on account of his professional heterodoxy. Only one member it is said, voted against the resolution.

"WHEREAS, The appointments made by the municipal head of the city to represent medical interests at the meeting of the American Health Association, shortly to convene here, do for the most part so ill represent the learning, experience, and professional standing of the medical profession here, and as such action is generally considered binding on account of its official source, therefore,

"*Resolved*, That this Society desires hereby to express its disapprobation of such action, and request its members to abstain from any participation in the proceedings of such assemblage under present auspices, and we desire hereby to communicate the knowledge of our action to our medical brethren throughout the state."

The American Public Health Association comprises in its membership physicians, lawyers, clergymen, engineers, merchants and intelligent people of all classes and occupations. It does not ask the religious faith of the clergymen applying for membership, neither is the doctrine subscribed to by the medical man made a condition of his admission. The association belongs to no sect, school or party. It has kept itself free from everything except the pursuit of the work laid out for it. In this work—the prevention of disease—all, whether regular, homeopath or eclectic; catholic, protestant, jew or infidel; democrat, republican or even greenbacker, may join hands and go forward together. Such spiteful littleness as exhibited by the Society referred to will only react to the disadvantage of the Society itself.

THE

MEDICAL CHRONICLE.

BALTIMORE, NOVEMBER, 1882.

ORIGINAL ARTICLES.

ARTICLE I.
STRICTURE OF THE RECTUM.

By PHILIP S. WALES, M. D., Surgeon General U. S. Navy, Washington, D. C.

DEFINITION.— *The rectum is liable, like other similarly constructed musculo-mucous canals of the human body, to the occurrence of a narrowing or co-arctation of its calibre, due in the majority of cases to inflammation, varying in origin, location and nature, and to malignant degeneration; in a few cases it may be traced to defective development, and to pressure from without by circumjacent tumors or otherwise diseased tissues. The course of the disease is chronic and insidious, and tends to terminate in death by exhaustion, preceded by hectic or septic fever, or by perforation of the bowel and peritonitis.*

ETIOLOGY.

Up to the beginning of the nineteenth century, all rectal strictures were designated by the term scirrhus, and referred to a common etiological origin; subsequently they were divided into two classes, the spasmodic and the organic. Organic strictures have been subdivided into, 1st, the simple; 2d, the specific; 3d, the malignant, and 4th, the congenital.

Formerly much difference of opinion was entertained as to the existence of spasmodic stricture. There cannot be any doubt that the intestinal walls, like all living contractile tissues, may assume an irritability from local or constitutional causes, which will dispose them to spasmodic contraction of a temporary character, when brought into contact with an irritating object, whether this be introduced from without, as a bougie, or formed within the body itself, as acrid discharges and hardened feces. The constant excitation of functional disturbance of the muscular walls may finally lead to inflammation and its sequelæ, organic changes and stricture. It is highly improbable however, that the spasmodic condition, pure and simple, endures sufficiently long to entitle it to rank as a distinct variety of disease, although the spasmodic element is always associated in greater or less degree with organic stricture, and becomes especially manifest on the introduction of instruments of exploration, and by the presence of acrid or hardened fecal matters. The idea of the reality of a simple, permanent, spasmodic stricture was long entertained, and its association with organic stricture everywhere admitted. White* observed that "sometimes when a stricture is within reach of the finger it feels like a membranous ring, and when there is considerable pressure from an accumulation of the feces above, a regular contraction and dilatation of the fibres of the muscular coat of the intestine may be distinctly felt, similar to that of the *os tincæ* in time of labor. Though this kind of stricture is completely permanent, it may, I think, with strict propriety, be termed spasmodic, from its not being attended by any sensible thickening or induration in the coats of the intestine, but being merely a circular contraction of its muscular fibres." Spasmodic complication of organic stricture has been clinically demonstrated by Allingham,† who says he has seen strictures so tight that he could not get the end of his little finger into them, but when the patients were well under the influence of chloroform he has been able to pass one or two fingers through.

Organic strictures originate either from intrinsic or extrinsic causes. The intrinsic causes are such as are located in the bowel itself, while the extrinsic arise in the surrounding tissues and organs, and act from the exterior. The operation of all these causes how-

*Observations on strictures of the Rectum and Colon, Bath 1824 p. 34

†Diseases of the Rectum, Phila., 1873, p. 145.

ever, is to determine, sooner or later, inflammatory changes, which finally lead to the production of narrowing of the intestine. The intrinsic causes of simple stricture are local irritation of mucous membrane by hardened or acrid fecal matters retained in the bowel, as occurs in persistent constipation, in obstinate dyspepsia, and in perverted hepatic and intestinal secretion, the habitual injection of stimulating substances and drastic cathartics, irritating enemas, as turpentine, and in one case, mentioned by Saignac, by the use of sulphuric acid by mistake in an injection, and lastly the swallowing of foreign bodies, as fish-bones, seeds, rough angular substances which catch in the folds of the mucous membrane and establish foci of ulceration. The mechanical effects of intussusception, catarrhal and gonorrhœal processes, diarrhœa, and especially dysentery, furnish also inflammatory and ulcerative conditions in which the disease may originate. Curling * believes that this takes place more frequently than is generally supposed. Perret † referred eight of the cases collected by him to pederasty. Metastases of cutaneous eruptions, suppression of habitual discharges, congenital narrowing of the sigmoid flexure, and peculiar predisposition of certain families, and the mechanical effects of a preternaturally projecting sacro-vertebral angle ‡ have been asserted as occasional causes. || It has also been referred to certain traumatic causes—the accidental or intentional introduction of foreign bodies, as the nozzle of a syringe, the wearing of a pessary as occurred in Whitehead's case, blows or falls upon the abdomen or perineum, violent muscular exertion in defecation or tenesmus, surgical operations by knife or cautery for hemorrhoids, fistulæ or prolapses.

Among the extrinsic causes that may be operative in lessening the calibre of the rectum the most common is carcinoma of the womb, as in the case related by White,§ occurring in a patient of Dr. Barlow; a scirrhous uterus had produced an adhesion of the parietes of the gut, and complete obliteration, and the feces were discharged through an opening between it and the vagina. Sometimes the result is due to an enlarged ovary or pelvic hematocele, as happened in two cases of

*Diseases of the Rectum, p. 125.

†Essai sur les retrecissements.

‡Hill, Edinburg Med. and Sur. Journal.

||White, Diseases of the Rectum.

§Strictures of the Rectum and Colon. Bath. 1824.

Curling, where tapping was required to relieve pressure on the bowel; or to the long-continued pressure of the child's head in labor, bruising the bowel, and lighting up inflammation.

Nine of the twenty-eight cases of Curling followed labor. An enlarged prostate may also encroach upon the rectum, or a large calculus, as related by Morgagni as having occoccurred in a patient of Tulpius. "The intestine was so depressed by two calculi of the urinary bladder, that being straightened and collapsed, it produced many membranous filaments which so closely interwove the internal parietes of its tube as to prevent the possibility of it passing any excrement." A case is given by Mr. Travers* in which an excessive accumulation of fat external to the rectum caused contraction, and Ashton† states that he had in his possession a specimen of strictured rectum produced by a deposit of fibrous tissue external to its coats. The same results may follow pelvic cellulitis in which the exudation forms bands or cords about the bowel. This happened in a case reported by Broca, in which the uterus, enlarged by fibroids, had pressed upon the rectum, to which it had formed close adhesions; two narrow bands of lymph passed around the bowel producing a valvular stricture. Tumors or inflammatory products in the pelvis or ischio-rectal fossæ, have been alleged as furnishing a mechanical hindrance to the lumen of the rectum.

Venereal diseases are certainly, next to malignant affections, the most common cause of rectal stricture. Godebert,‡ in addition to his own twelve cases of stricture, collected fifty-four from other sources, making in all, sixty-seven cases; of these, forty-seven had had antecedent syphilitic troubles.

It was recognized long ago as in someway connected with syphilis, Morgagni used anti-syphilitic remedies in such cases, because they were most frequently, as he states, preceded by syphilis. Ricord‖ admitted infecting chancres of the anus, having examined a woman in whom the induration was well marked high up in the rectum, and who readily furnished an explanation of its presence. Vidal de Cassis records the occurrence of chancrous induration of the entire rectum, and that it was the cause of stricture. In 1857 a case of hard

*Medico-Chirurgical Transactions, vol. XVII, p. 361.

†Diseases of the Rectum, Philadelphia, 1865, p. 210.

‡These de Paris, 1873.

‖ Traite des maladies venereennes, Paris, 1865.

chancre of the rectum followed by sore throat and syphilitic roseola came under my observation. A messenger boy on board ship was infected by a man, the act being acknowledged by both parties, as the vessel was leaving New York for a long cruise, which afforded me ample opportunity to study the progress of the disease in both cases. The boy was cured without stricture following. A case is related in the Medical Journal of the U. S. S. Tennessee, of a man who reported to the surgeon, complaining of soreness and pain in the anus in defecation; on examination two chancroidal ulcers were discovered just within the grasp of the external sphincter, supposed to have originated from pederasty. It was treated locally and the man recovered, and fourteen months later was under observation and showed no evidence of any rectal disease. Sauri Ricardo* also relates a case of direct inoculation: a woman was infected by her husband in an unnatural connexion, the disease ran on to secondary constitutional manifestations, and then resulted in a double stricture of the rectum and several fistulæ. The teachings of Ricord and Cullerier were widely accepted, that is, the doctrine of unicism, which denied any distinction between the hard and the soft chancre, and both were accredited with the power of producing rectal disease as a secondary or tertiary result. The labors of Bassereau, Clerc, Diday and others, fully established the fact that there were two orders of venereal sores, the infecting or hard chancre and the non-infecting sore or chancroid; the theory of dualism was thus fully proven in 1852. This doctrine was first applied to rectal diseases in 1854 by Gosselin who, in an able memoir,† took the ground that rectal ulcerations and stricture of venereal origin were not syphilitic, but the result of auto-inoculation from vulvar chancroids, followed by a peculiar form of inflammation of the anus, and this view was supported by the fact of the inefficiency of anti-syphilitic remedies, and the frequency of the disease among women. He subsequently re-affirmed the doctrine in his clinical lectures.‡

Duprés‖ attributed the rectal changes to phagedenic chancres and mucous patches of the anus and rectum, which in the process of re-

* These sur les retrecissements fibreux du rectum, Paris, 1868.

†Archives de medicine, tome i., p. 666, 1854.

‡Cliniques chirurgicales, tome 8, p. 878.

‖Archives de medicine, Mars, 1868.

pair determines stricture by contraction of cicatricial tissue. The doctrine of Gosselin has been pretty freely and successfully attacked by the champions of the syphilitic theory.

Fournier * asserted that the rectum may be the seat, 1st. of simple chancre, of phagedenic chancre, and in rare exceptions, of syphilitic chancres; 2d. tertiary ulcerous syphilides; 3d. gummata; 4th. ano-rectal syphiloma. The ulcerous syphilide does not differ from the same condition in other parts, and may either extend into the bowel or affect it primarily; the latter origin is, however, exceedingly rare. The syphilomatous changes which have not hitherto been histologically determined, give rise in advanced stages to a retractile fibrous tissue and sclerosis of the rectal walls, and are the most common cause of stricture. Fournier has never seen gummata in the rectal walls. Emile Vidal,† on the other hand, considers certain diffused products in the rectal walls analogous to the gummata of the muscles as of this nature, although it does not assume the ordinary globular form of gummata, Verneuil‡ in a discussion at a meeting of the surgical society on rectal stricture, cited a genuine case of rectal gumma, and Esmarch,§ speaks of syphilitic ulceration as occurring much more frequently than has been heretofore believed. In the earlier stages it cannot be distinguished, or distinguished with difficulty on autopsic examination from the ulcerative processes met with in dysentery, scurvy and follicular catarrh. He adds. "In many cases, however, certain phenomena present themselves later, which are characteristic, consisting in a peculiar hypertrophy of the deep layers of connective tissue which should, with propriety, be regarded as gummatous." Von Barensprung || has made similar observations, and many undoubted examples of gummatous metamorphosis of the rectal walls might be cited from German authorities. This process has been observed in other localities of the intestinal canal containing similar anatomical elements as the rectum. Cornil¶ describes such changes as occurring in both the stomach and intestinal walls.

The syphiloma of Fournier consists in an infiltration of the ano-

*Lesions tertiaires de l'anus et du rectum, Paris, 1875.
†Dictionnaire Encyclopedique, tome XII, p. 689.
‡Bulletin de la Societe Chirurgicales de Paris, Vol. XVII, 1872.
§Handbuch der Allgemeinen und Speciellen Chirurgie, Band. iii, s. 92.
||Annalen des Charite-Krankenhauses, 1855, Berlin.
¶Pathological Histology, Phila., 1880, p. 512.

rectal region, by an undetermined initial structure, which is prone to metamorphosis into retractile fibrile tissue. The infiltrated material forms a band of greater or less strength, and varying in thickness from a few millimeters to a centimeter, and is never found in patches or in parts of the circumference of the rectal walls. There is no ulceration and no cicatrix; its predilection is for the ampulla, and only rarely does it invade the sphincteric zone. The next stage is that in which contractile fibrous tissue is found, and this is the most common origin of the co-arctation, although in rare cases it may occur from contraction of cicatricial tissue. Trélat* says that a certain number of rectal strictures is due to the syphilitic diathesis, and as they are very late in appearing, they should be called quarternary, and take rank with the gummata. In these cases it is necessary to assume hyperplasia of the sub-mucous connective tissue, developing under the influence of the syphilitic diathesis. In a discussion at a meeting of the Surgical Society, these views were supported by Verneuil, Panas and Guérin. It has been shown by clinical experience that there are cases of syphilitic diathesis in which, though no morbid activity is prominent, disturbances in the structural integrity of any part, excited by common causes, may assume the special and peculiar aspect of syphilitic action.

Allingham and a majority of the English school of surgeons refer the ulcerations and strictures of the rectum mainly to syphilis; in summing up his own statistics Allingham states that in women forty-two out of seventy-nine had suffered or were suffering from undoubted constitutional syphilis, and in twenty males half were in the same condition; thus, out of the total number of ninety-nine patients, fifty-two, or more than one-half, were syphilitic. This variety of stricture is much more frequent in women than in men, a fact that is supposed to find its explanation in the topographical relations of the vulva and anus. According to White it generally commences either with an appearance of ulceration or an excrescence about the verge of the anus, and extends upward as far as the finger can reach, while Allingham, on the contrary, says this disease does not begin in the anus, but at least an inch up the bowel, which is incompatible with the theory of extension from the exterior.

My own experience is in perfect accord with the preceeding views

*Dictionnaire Encyclopedique, tome. xiii, p. 730.

of the English Surgeons. I have at the present time under treatment two cases of stricture in males, which I regard as tertiary phenomena. In both there were hard chancres followed by cutaneous syphilides but never by any anal ulceration. The rectal disease did not manifest itself until nearly two years after the initial lesions occurred; in one case it has slowly progressed for four years, and in the other has endured one year.

Tubercular deposits in the rectum have been rarely observed as the cause of ulceration and stricture, especially as a primary lesion; they resemble the same lesion in other portions of the intestinal canal. They are usually located in the anal region and determine abscess and fistulæ, or as occasionally happens by their numbers and proximity, become confluent, and form a circular band or collar, which in undergoing cicatricial metamorphosis determines stricture. In tubercular subjects, ulceration may also arise from defective nutrition of the rectal walls independent of these deposits.

Scrofulous degeneration has been cited as determining, in exceptional cases, rectal ulceration with consecutive stricture.

Huguier,* in an elaborate article, describes a form of lupoid ulceration of the vulvo-anal region, *esthiomène*, in which there is sometimes infiltration of neo-plastic matter into the walls of the lower part of the rectum followed by stricture. In one case the induration and narrowing reached to the peritoneal cul-de-sac, and was formed of firm and hard fibrous tissue containing in its layers adipose deposits. He does not regard it as syphilitic, but as a manifestation of the scrofulous diathesis.

The malignant stricture is due to the development of epithelioma and scirrhus in the walls of the bowel, and by their growth gradually obstructing its lumen.

Congenital stricture results from the excessive development of normal structures, as of the folds of the mucous membrane of the bowel, or from defective development of parts, as of the anal aperture—atresia. This form has been known to occur in several members of the same family.

As to age, stricture is incident to adult life, between twenty-four and sixty years. There is a preparation in the museum of St. Bartholomew's Hospital, taken from a child five years old, caused

* Memoires de l'Academie de Medecine, tome xiv, p. 501.

by the use of a clyster pipe which perforated the walls of the rectum and vagina. Curling records two other cases, one from injury in a girl of fourteen, the second in a girl of eleven; the origin of the latter could not be traced; and Bushe reports one in a lad nine years of age. Of Curling's twenty-eight cases, twenty-six were between twenty and fifty years of age; one was fifty-two and one sixty-seven.

As to sex, in Curling's twenty-eight cases, twenty were of the female sex, and in nine of these the disease commenced after labor; in some of these, they were distinctly attributed to an injury at that time. In Allingham's* table of seventy cases, sixty were women and ten, men.

PATHOLOGICAL ANATOMY.

Opportunities for cadaveric examination in the early stages of rectal stricture are excessively rare for obvious reasons. It is not until extensive secondary changes induced by the obstruction have been wrought in the rectum and adjacent parts that death ensues. The changes observed in stricture vary with the stage of the disease, its locality and origin. White observes that the diversified appearances of contracted rectum are too numerous to occur under the observation of any individual practitioner so as to render him practically acquainted with the different modifications of the disease, and this fact accounts for the discrepancies which may exist on the subject.

Upon the living subject the nascent changes may be examined with the finger and with a good speculum, and in favorable light may be inspected with ease. In all cases of stricture, with the exception, perhaps, of the congenital, the disease is the result of inflammatory changes induced in the mucous and connective-tissue layers of the rectum. These changes may be restricted at first to the mucous membrane, or to this membrane and adjacent connective tissue, or may chiefly involve the latter. There are many cases in which ulceration has undoubtedly existed, and to a considerable degree, as is shown by autopsic examination, in dysentery and typhoid fever, without producing stricture. Annesley and Martin, who had large experience in tropical dysentery, declared stricture to be a rare result, and I have myself never found this condition in the cases examined by me in China during a severe epidemic.

Woodward† in his compilation states that he was unable to find a

*Op. cit., p. 224.

†Medical and Surgical History of the War.

recorded case substantiated by post-mortem examination, following flux contracted during the civil war.

These cases find an explanation in the fact that the pathological process does not involve the deeper structures, and that there is a difference in the anatomical structures of the various sections of the intestinal canal occupied by it.

The mechanism of the formation of rectal stricture varies. In certain cases it is the result of traction by newly-formed tissue; in some the mucous membrane is extensively destroyed and replaced by cicatricial tissue, the contraction of which narrows the bowel; in others, the rectal walls are infiltrated by a peculiar neoplastic material which undergoes fibrous metamorphosis and contraction; and in a fourth class fall those cases in which the narrowing is due to malformation of structure.

When there is a moderate degree of inflammation and circumscribed ulceration in the connective tissue, the stricture is sometimes of a membranous character, resulting from the mechanical displacement of a fold or plica of the mucous membrane by the contraction of the reparative cicatricial tissue filling up the ulcerative gap. The fold assumes a semi-lunar form, extending around a greater or less extent of the circumference of the bowel, opposite to the point of the ulceration, where the cicatricial tissue has dwindled to a firm nodule. The lumen of the bowel will then be placed laterally on the side of the cicatrix. The mechanism of the so-called diaphragmatic stricture is identical with that of the semi-lunar, the fold being broader on the one side than on the other. This stricture consists of a double layer, formed by the infolding of the mucous membrane, between which will be found connective tissue and a few of the circular muscular fibres. In the progress of the case the constant contact of retained fecal matters will induce a still higher grade of inflammatory action, so that both the mucous and muscular elements forming the fold become hypertrophied and indurated. Kohlrausch found in the cadaver of an executed criminal a well developed stricture, which at first he took to be scirrhus. Close examination revealed, however, that the mucous lining was sound, and formed a considerable duplication, in which the hypertrophic circular fibres formed a ring several lines thick, the longitudinal fibres being continuous over the contracted spot.

When the ulcerative destruction is more considerable, down to and even involving the muscular coat, the cicatricial tissue occupies a broader extent of surface, and in its subsequent course it forms hard, callous contractions, varying in extent according to the amount of mucous and connective tissue that has been destroyed. According to Melassez* the narrowest part of the stricture consists of a structure, in all respects identical with cicatricial or embryonic tissue.

A form of stricture without ulceration arises from persistent chronic inflammation of the mucous and connective tissue layers, especially of the latter, in which, after a while, hyperplasia takes place, and they are converted into a fibrous contractile tissue which diminishes the lumen to a greater or less extent.

In the syphilitic stricture, located usually in the region of the sphincter, the mucous and connective tissue layers become infiltrated by neoplastic matter, which by contraction narrows the calibre of the bowel by the formation of a hard and thick ring. Gosselin† says that in three autopsies made by him he found the stricture fibrous, and he was careful to determine whether it was cicatricial or formed by the mucous and submucous cellular tissues. He could not separate the latter with a scalpel, as can be done in a normal condition, but they had not been replaced by cicatricial tissues, but by the inflammatory action had undergone a fibrous transformation, and the muscular coat was slightly hypertrophied. Melassez, in venereal strictures, found between the muscular fasciculi at the point of greatest contraction, a round-celled neoplasm which occasionally involved the fibres themselves and was capable of development into a fibrous tissue. The depth of these strictures is from five to ten millimeters, and they are are rarely more than a centimeter in width.

In malignant stricture there is usually more extensive infiltration of the rectal walls, and the co-arctation is longer, from one to several inches. All three of the layers are matted into one mass, the mucous surface being more or less studded with hard protuberances and ulcerating areas.

Congenital strictures are the result of abnormal enlargement of the normal mucous folds, or so-called rectal valves, or defective develop-

* Dictionnaire Encyclopedique, art. Rectum.

†Archives Generales de Medecine, Vol. 2, 1854.

ment of the anus. They present various appearances, according to the degree of development, from a narrow crescentic fold to a complete ring-like projection. Roser describes a case in which two folds, one inch from the anus, were arranged similarly to the valves of the veins, so that the pressure of the descending fecal matters closed them completely.

In the progress of stricture as the co-arctation increases, additional sources of irritation arise and secondary alterations supervene. The bowel above the stricture enlarges in capacity in consequence of the accumulation of feces, and forms a sac-like pouch of three or four inches or more in diameter with thickened walls, the mucous membrane of which, sooner or later undergoes hypertrophy, is closely adherent, and finally inflames and becomes eroded and ulcerated in patches of greater or less extent, supplying a secretion of mingled blood, pus and mucus. The submucus connective tissue is converted into dense contracted fibrous tissue, to a greater or less degree corresponding to the extent of the stricture, and merging above and below into the normal structures. The muscular coat, especially its circular fibres, and the inter-fibrillary connective tissue, take on a hypertrophic condition, becoming three or four times thicker than normal, from constant efforts of contraction to force the contents of the bowel through the stricture, so that even after the removal of the stricture they regain their contractility slowly. The peritoneal coat generally remains uninvolved. Below the stricture the bowel is in many cases altogether normal, in others there is injection of the mucous membrane, with ulceration to a greater or less extent, and a general narrowing and loss of contractility, but in rare cases the reverse of this has been noted. The stricture itself, in the progress of the case, is composed of a dense white fibrous tissue formed by the metamorphosis of the normal connective tissue elements of the submucous, inter-muscular and sub-peritoneal layers, or by the transformation of neo-plastic deposits. Yellow elastic fibres in increased quantity have also been observed. It is usually hard, gristly, creaking under the knife, and presenting a shining surface. The mucous membrane covering the stricture is sometimes intact, but more often greatly altered and covered with granulations.

In a great many instances there are shrunken hemorrhoidal excrescences, sometimes condylomata, fissures, infiltrations of the anal tissues, painful excoriations and eczema, or fistulous canals running

in various directions to the perineum, to the vagina, or to the bladder.

In the case of Talma, the celebrated tragedian, the walls of the sacculated expansions above and below the stricture had come in contact and adhered, and the formation of a communication between them was progressing when death occurred, showing the reparative efforts of nature when the natural channels are blocked up by disease.

In those co-arctations formed by chronic inflammations of the submucous tissues, the follicular glands on the borders of the stricture and their interstitial tissues sometimes form a broad prominent ring with a grayish-white velvety surface, which on section displays a soft consistence and whitish color, and when pressed there issues from the surface a milky juice.

There are certain peculiar cases of stricture in which the mucous membrane within the verge of the anus and above becomes thickened and studded with hard, rough, papillary or teat-like projections, sometimes few in number, at others beetling the surface quite thickly. In these cases there is usually a great decrease in the calibre of the intestine in the diseased portion. These excrescences are associated with a purulent slimy discharge, tinged with blood, that escapes with every stool, and in crepitation, coughing, and during tenesmus. In one of my own cases, the history of which will be given further on, it escaped involuntarily while the patient was walking. This condition often makes the life of the victim wretched by the frequent and pressing necessity of evacuating the rectum, so that he is almost debarred from social intercourse and the pursuit of business. This condition is said to occur when there is no stricture.

Dessault.* under the heading of *Scirrhosities of the Rectum*, describes it as consisting in hard and reddish tubercles which elevate themselves upon the internal surface of the rectum, or even without the intestine. More or less rapid in their progress they assume a thousand different forms, sometimes having a pédicle, at other a large base, often so multiplied that the whole membrane of the intestine seems scirrhous, extending up the rectum six or seven inches, and even into the colon, whose cavity is partly obliterated. These tubercles increase, shut up the intestine completely and finally ulcerate, oc-

*Surgical works, Phila., 1814, p. 368.

casioning frequent hemorrhages, and open into the vagina. He believed this condition to be a common consequence of venereal affections.

Colles* states that in these cases, of which he gives a tabular exhibit of sixteen, excrescences are seen about the anus, partly formed by the lining of the gut. On introducing the finger into the rectum a hardness and roughness, caused by innumerable protuberances is to be felt at different heights. In some it commences immediately at the verge of the rectum and extends nearly as high as the finger can reach; in other cases this morbid condition does not extend beyond that portion included by the sphincter; in other cases again the disease is seated still higher up. The hardness which is felt in the substance and neighborhood does not always uniformly surround it. In some instances the hardness is felt at a particular spot, as if a tumor lay connected with the coats of the intestine at this part. An autopsy made in one case revealed the diseased condition extending along the colon. The rectum was closely adherent to the sacrum, and the bladder was thickened and contracted. He did not believe these cases to be either syphilitic or malignant. They were not amenable to mercury, nor was the constitution impaired for months. One case was of ten year's duration.

[*TO BE CONTINUED.*]

ARTICLE II.

STUDIES ON MYXO-ANGIOMA OF THE SKIN.—CLINICAL AND MICROSCOPICAL.

By C. HEITZMANN, M. D., New York.

(Read before the American Dermatological Association, at Newport, August 30th, 1882.)†

Angioma is a tumor of the skin of frequent occurrence. It was formerly termed *teleangiectasis*, from the erroneous view that the blood vessels are simply dilated. At present we know that a new

*Dublin Quarterly Journal of Medical Sciences, Feb. 1854, p. 82.

†Abstract furnished by the author for the MEDICAL CHRONICLE.

formation of blood vessels takes place in the growth. Such growths appear either as dark-red spots on the skin, varying greatly in size, or as slight dark-red elevations above the level of the skin, sometimes being even pediculated. Their characteristic feature is compressibility, *i. e.* the blood can be forced out of them and they can be made to disappear by pressure, but as soon as the pressure ceases the blood rushes back into the vessels and the spot or tumor reappears. As a rule they are not congenital, but they appear in early infancy and remain stationary or extend with advancing age. Exceptionally, however, angioma is congenital and known in the vernacular as "fire mole."

The pathology of these tumors is known only in part. We distinguish three varieties: 1. Simple angioma; 2. lobular angioma; 3. cavernous angioma. Simple and lobular angioma may be composed of prevailing arterial, venous or capillary blood vessels, and the color varies accordingly from a bright crimson to a dark purple. Cavernous angioma is invariably composed principally of veins.

Simple angioma exhibits the blood vessels uniformly distributed, and between them a delicate fibrous or myxomatous connective tissue. The latter variety is the most frequent, consisting of smooth and even protrusions, sessile or pedunculated, of a jelly-like consistence, easily compressible and semi-translucent. The growth is situated in the outermost layers of the derma.

The lobular angioma consists of coils of blood-vessels having a delicate fibrous connective tissue within the coils; between the coils the connective tissue is in coarse bundles. These tumors reach a large size, exhibit a lobulated or nodular surface, and, as a rule, occupy the whole thickness of the derma.

Cavernous angioma is composed of sinuous venous plexuses, closely resembling the structure of the cavernous bodies of the penis, occupying the deeper layer of the derma and the subcutaneous tissue; the latter variety is sometimes found in liver tissue and on mucous surfaces.

Angioma is a benign tumor, which in the majority of cases causes only disfigurement. Cavernous angioma is sometimes exceedingly painful. Any variety of angioma may, in exceptional cases, ulcerate spontaneously and cause obliteration of the vessels and spontaneous cure. Hemorrhage is of no consequence in ulceration of simple or

lobular angioma; but fatal cases have occurred in ulcerating cavernous angioma.

The aim of therapeutical interference is the destruction of the blood vessels by means of excision, cauterization, vaccination, or the production of ulceration by irritating plasters. Small tumors of this kind are best removed by cauterization with fuming nitric acid, which is applied by means of a small hard-wood stick. If proper care is used, the resulting scar is trifling. Pediculated tumors are best removed with curved scissors and subsequently touching the base with solution of perchloride of iron. Large tumors must be excised with the knife. Repeated attempts have been made to remove such tumors by electrolysis and unquestionably favorable results have been obtained. It remains a question, however, whether the cures thus obtained are permanent, and not followed by a recurrence of the new-formation.

Myxomatous tissue, one of the constituent elements of myxo-angioma, appears in several forms; as medullary tissue, as reticular tissue, as lymph or adenoid tissue, and as a reticular tissue filled with lymph-corpuscles, as found in the thyroid body. In its normal development, myxomatous tissue appears in the earliest stages of embryonal life, and in the organs for the attachment of the embryo to the womb—the umbilical cord and placenta. In the fully developed organism, only the vitreous body and the lymph tissue are found as representatives of myxomatous tissue, appearing both in the form of lymph follicles and lymph ganglia, and of the erroneously so-called adenoid tissue which is widely spread over the mucous layers, mainly those of the alimentary tract and of the uterus. The reticular variety which holds a jelly-like basis substance in its meshes, is the most common form found in the benign growths called myxomata, and it is this variety which enters into the construction of myxo-angioma. With this myxomatous tissue there is a new formation of blood vessels characterized by a large calibre, distinct endothelial walls and a winding course. Very exceptionally pigment is formed in myxo-angioma, and this feature invariably indicates a tendency toward malignity, *i. e.* toward the formation of melanotic sarcoma or myeloma.

Dr. Wm. B. Carpenter and Herbert Spencer have recently visited Baltimore.

THE CLINIC.

COMMINUTED FRACTURE OF BOTH BONES OF THE FORE-ARM AND EXTENSIVE LACERATION OF THE SOFT PARTS, PRODUCED BY A CIRCULAR SAW.—TREATMENT BY SUSPENSION.—NEW SPLINT-MATERIAL.

CLINICAL LECTURE, BY O. J. COSKERY, M. D.,
Professor of Surgery, College of Physicians and Surgeons, Baltimore.

Gentlemen :—One of the photographs I now hand around represents a large fibro-enchondromatous tumor of the neck in a young colored man, which I removed two years ago, and the other the patient's present appearance. As shown by the picture, the success may, I think without vanity, be called brilliant. It is not for this, however that I show them, but to call your attention by comparison to this young man with his arm in splints, and to tell you that I congratulate myself more upon the result in this latter case.

A great surgeon has well said: "Not the most brilliant operation that I have ever done has given me the satisfaction that I derived from the successful saving of a limb that had suffered a compound comminuted fracture." And I fully agree with him.

The patient you see here was working near a circular saw six weeks ago, when he was cut by it from near the elbow obliquely downwards nearly severing the arm—all the soft parts on the radial and posterior portions, and most of those on the ulnar and posterior. Both bones were completety cut through, and many small pieces of bone were in the large wound. Only the anterior soft parts and the large vessels on the front of the fore-arm were unsevered. The *radial* and *ulnar* arteries could be felt pulsating at the wrist. For the following reasons I advised attempting to save the forearm: The age of the patient; the fact that it was an upper and not a lower extremity which was injured; that the wound was upon the posterior aspect, and particularly that the large vessels of the forearm could be felt so plainly pulsating.

The limb was put upon a pillow and kept at rest. No great constitutional disturbance followed, but each time that the wound was dressed the fragments were moved, and the discharge of inflammatory products was interfered with by the position of the lowest part

of the wound. Accordingly I suggested a suspensory apparatus that I have used but three times in my practice. The first case occurred in 1864; was in a young man belonging to a New York regiment who had been shot through both bones of the forearm, and had lost over an inch of each bone. As his arm rested on a splint, the lower opening was pressed upon and the discharges were prevented. More than this, the constant pressure of the splints upon the inner condyle of the humerus had produced a bed-sore over this point. The arm was suspended by light wire applied upon the outer side of the arm and forearm, much as the anterior splint is applied in fractures of the thigh. The patient was walking about with his arm in a rectangular splint and sling in two weeks, and was rapidly recovering a good, useful limb when he was discharged from hospital.

It was not until 1876 that occasion was again found to employ the same apparatus. In a young man whose fore-arm had been crushed by a street-car passing over it, where more than an inch of comminuted bone was extracted, and where sloughing of soft parts, back and front, came on. Here, while the hand was saved and a strong forearm obtained, on account of the loss of muscular substance the movements of the fingers were circumscribed. Still the result was much preferable to amputation.

This present case is the third. Here you see the patient can flex the forearm upon the upper arm, can flex and extend the fingers and thumb, and from every point of view has a good fore-arm, a very necessary thing to one in his station in life.

I shall now, however, put the limb up in such a way that the patient can get about without constraint. The apparatus I have described to you required that the patient should be kept in bed. We will use a rectangular splint. In making these splints heretofore, it has been necessary to use wood so thick as to be cumbrous, (when wood was used), or to run the risk of the splint breaking; I have therefore suggested this material, which consists of three pieces of veneer glued together, but the grain of the wood in each layer running at a different angle to that of the other two. As you see now when I bend it with considerable force, more than it will be subjected to upon the arm, it holds perfectly well.

(The splint was then applied before the class upon the outer side of the limb so as not to cover the granulating wound.)

SPECIAL CHRONICLE.

A YEAR'S PROGRESS IN LARYNGOLOGY.

By J. D. ARNOLD, M. D.

Schroetter's procedure for the dilatation of laryngeal stricture with hard rubber catheters before tracheotomy, and with solid tin bougies when tracheotomy had previously been performed, seems lately to be growing in favor. The originator of this method published his results in 13 cases (*Beitrag z. Behandl. d. Laynx-Stenose*) in 1876, but if a dearth of literature on the subject is a fair criterion, few laryngoscopists cared or had occasion until recently to give it a trial. Within the past six months, however, Labas, Chiari and Hack have each reported successful cases in which the glottis was dilated for the purpose of removing a tracheal canula which had been worn for a long time, and restoring respiration through the natural passages. In the *Neue Mediz. Presse*, July 9th, 1882, Dr. Heriz proposes these improvements in Schroetter's method—finding that the thread attached to the tin bougie caused excessive salivation, when carried through the mouth, he draws it up through the nares and fastens it in the ordinary way to the ear. This change seems good for the further reason that in this position the thread interferes less with swallowing of solid food. His second suggestion is a far more important one. The granulations which continually sprout into the superior opening of the canula are a source of annoyance which he would obviate in this wise: an inch canula having on its convex surface a triangular slit about a half-inch long, with its broad end placed anteriorly, is introduced into the tracheal tube; the bulbed end of the bougie is passed through the slit and the inner canula then drawn forward and fastened by a small screw. Thus the inner tube not only cuts off communication with the upper part of the trachea, but also renders unnecessary the pincette, which is otherwise needed to hold the bougie in place.

Dr. Krishaber (*Ann. des Mal. du Larynx, &c.*, December, 1881), gives the following as the result of long experience with the œsophageal tube.

1. The œsophagus will bear the retention of a tube in situ for an indefinite time.

2. The tube should be introduced through the nares, not through the mouth.

3. The continued pressure of the tube brings about the degree of stretching necessary for the insertion of increasingly larger tubes (as in the urethra).

4. In cases where the stenosis is too great to permit the introduction of a soft tube, a gum catheter should be first introduced and replaced after several days by one of caoutchouc, the substitution of the second tube to be made immediately upon the withdrawal of the first.

5. Thus alimentation is assured and false passages that are apt to be made by intermittent catheterization avoided.

6. In cases where the stenosis requires oesophagotomy, the tube should be placed in situ as soon as the incision is made, so that cicatrization may go on around the tube and coarctation of the œsophagus avoided.

Mr. Whitehead (*Brit. Med. Jour.*, November 12, 1881) reports a case of excision of the thyroid gland. The patient was a woman 57 years old, with goitre of 30 years standing. The tumor, whose upper border was on a line with the prominence of the thyroid cartilage, hung pendulous to the superior edge of the sternum, and laterally displaced the edge of the sterno-cleido-mastoid muscle on both sides. The lateral lobes were freed by careful dissection and the whole gland removed by enucleation.

In *Gaz. Hebdom, de Med. et de Chir.*, November, 25, 1881, Richelet relates an operation for goitre which lasted two hours, and was accompanied by large loss of blood. After the gland was removed the patient became completely aphonic. The mirror showed immobility of both cords and it was believed that both recurrent nerves had been cut, Four (4) months after the operation, however, the voice returned and remained normal.

Fauvell, of Paris, extracted from the larynx of a young man, a bullet which ten years previously had been shot into his face, just under the left eye. (*Reve. Mens. de Laryn.* Oct., 1881.)

Lefferts proposes the following "new classification of the motor affections of the larynx," which he says permits of drawing a sharp distinction between cases of neuropathic, myopathic and psychic origin.

1. Motor paralyses of the larynx, the result of complete, usually

acute morbid implication of the nerve centres or of the main nerve trunks, the lesion being either unilateral or bilateral and the vocal cord or cords assuming the cadaveric position.

2. Motor paralyses of the larynx, the result of incomplete, usually slowly-progressive lesion of either the nerve centres, or more commonly of the nerve trunks in their course; certain nuclei of the former, or certain fibrils of the latter alone being implicated, certain muscles alone are paralyzed; the abductor muscles of the glottis possessing a peculiar proclivity in this respect, and practically being the only ones thus affected—the lesion may be unilateral or bilateral.

3. Motor paralyses of individual muscles of the larynx, the result of implication of certain peripheral nerve twigs, by local or intralaryngeal lesions.

4. Motor affections of single or groups of laryngeal muscles, the result of simple myopathic change in said muscles, of a degenerative character.

5. Motor paralyses—functional in their nature, the adductor muscles being the ones commonly affected, the abductors rarely. (*Archives of Laryngology*, April, 1882).

We believe that, as the author claims, such a classification will greatly facilitate correct diagnosis, but think the scheme would be rendered more complete if the description of the 4th or 5th group were so amended as to include those pareses of the thyro-arytenoid interni so often seen in cases of acute simple laryngeal catarrh.

This form of motor disturbance can hardly be due to degenerative change in the muscles, for it is too evanescent in character; nor should it be regarded as purely functional, since probably the engorgement of the blood vessels in the substance of these muscles acts as a mechanical impediment in their contraction.

A new automatic tongue depressor is depicted and described in the *Lancet*, April 22, 1882. It is made of a single blade of nickel-plated steel, bent upon itself in *U* shape, and having upon its proximal end a small pad which fits under the chin. Such an instrument as this is useful in operations in the mouth, pharynx, or post-nares, when an anesthetic has been given; but for examination or operation without anesthetic, *no automatic* depressor can fulfil its purpose, for the reason that the amount of pressure exerted upon the tongue must always be *just* sufficient to counter-balance the *bellying* of that muscle; any more than this invariably brings on retching; any less

than this fails to overcome the obstruction; therefore the amount of pressure needs be continually varied with the amount of resistance, a procedure which no *automatic* contrivance can effect.

Dr. Armagué (*Ann. de. Mal. du Larynx, etc.*, November, 1881) records seven cases of acute tonsillitis cured within 24 hours by the application of Sod. Bicarb. This treatment was first recommended by Giné, who used the drug either by insufflation or applied with the finger. Giné "reckoned the cases by dozens in which cure was effected in 24 hours." In no case was a marked effect wanting. In the German and English hospitals we have seen the *irrigator* constructed by Leiter, of Vienna, used with equally brilliant and invariable result. The irrigator consists of coils of thin metallic tubing through which a continuous stream of cold water passes (by syphon action). The metal used (probably an alloy of aluminium and tin) in the construction of the tube is very light and an excellent conductor of heat. The windings of the coil are connected by tape; thus rendered flexible it adjusts itself readily to any surface, and is advantageously used whenever a reduction of local temperature is desirable. The coils are made of all sizes and shapes.

Prof. Weinlechner writes to *Med. Wochenschr.*, No. 5, 1882: "In January, 1875, a lady came to me complaining that for about 12 days she had felt a painful pressure in the neighborhood of the right tonsil and that swallowing had become difficult and painful. On examining I discovered a hard body presenting just under the mucous membrane, behind the tonsil, which seemed from its position and conformation to be an elongated styloid process. I pressed upon it, and after using considerable force it disappeared with a loud snap that was distinctly heard by several of the bystanders. From this time all symptoms of pain and dysphagia vanished." Ten months after, the patient presented herself with the same tumor and the same symptoms. Prof. W. used pressure, as before, with same result; since then no return of the trouble.

The microscopical examination of tonsillar concretions in more than fifty (50) cases has led Dr. Emil Gruening to believe that *all tonsillar concretions* are composed of *leptothrix elements.*

The concretions are always found in the crypts and not in the substance of the gland. Minute investigation proves that they are not the result of perverted secretion, but are leptothrix masses. The completely developed parasitic alga *leptothrix buccalis* is made up of

closely packed bundles of straight cylindrical filaments, often containing a starchy material, and imbedded in a granular matrix.—*Arch. Laryngol.*, April, 1882.

Of the many methods lately proposed for the rectification of deflected nasal septum, the one brought into notice by Dr. Glascow (*Archives of Laryngol.*, January, 1882) seems the most thoroughgoing. The instruments used were devised by Dr. Heele, of St. Louis. "They consist of a pair of stout forceps, shod in one blade with knives set in Hellar form. The two blades are united after the manner of obstetrical forceps, to facilitate their introduction and withdrawal. The cutting blade is covered by a thin sliding shield to protect the nostril from laceration during insertion." With this instrument the septum is divided, forcibly crowded back into the median line and a small ivory plug immediately introduced to keep it in its new position. This instrument, as the author states, was suggested by the crushing forceps of Adams. Dr. G. mentions 3 cases successfully operated by this method, which is obviously preferable to "crushing" or excising a portion of the septum. In principle it is very similar to the procedure described in the *Gaz. des Hopit*, 1851, p. 420. Chassaignac there reports a case of extreme deflection of the cartilaginous septum in which he operated as follows: An incision was made into the whole length of the prominence, the mucous membrane dissected back and with a sharp pointed double-bladed knife a number of transecting slits were made in the exposed cartilage. The mucous membrane was then replaced, and after it had commenced to heal together small pieces of sponge were pushed into the occluded nostril, which forced the septum back into its normal position.

Morell Mackenzie, in *Arch. Laryng.*, April 1882, writing of nasal polypi, rehearses the claims made for the many different methods and instruments used for their "radical operation." He seldom practices evulsion; prefers Jarvis' snare when the growth is far back, —Blake's loop when situated more anteriorly. Always destroys the base with galvano-cautery when practicable, and does not hesitate to remove small portions of the turbinated bones. He has devised several instruments for the removal of polypi when certain anatomical conditions prevent the use of the ordinary forceps or loops—and promises to acquaint the profession with them at an early date.

Dr. French exhibited before the American Laryngological Asso

ciation—session of 1882—some photographs of the larynx made by himself and Dr. Brainard. The camera used was made expressly for the purpose. "It is about the size of a cigar box and is mounted on a tripod. The illumination was made with a plane mirror, with a central aperture $\frac{5}{8}$ of an inch in diameter. The throat mirror is attached to a flexible rod and fastened to the top of the camera."(?)

The time of exposure of the plates was 1—4 seconds. The photographs thus obtained, although not very distinct, seem to be far superior to those obtained by Voltolini and Czermak.—*Arch. Laryng.* July, 1872.

CORRESPONDENCE.

SPECIALTIES IN MEDICINE.

Mr. Editor.—The subject of Specialties in the practice of medicine has been a matter of thought to me since the second year of my student life, and my attention has been especially called to it anew by reading the proceedings at a recent meeting of the Baltimore Medical Association.* This subject on the above mentioned occasion seems to have been forcibly if not exhaustively discussed by gentlemen who evidently have very decided opinions with regard to it. I have some very decided opinions upon this subject myself, which I shall briefly state, not with the idea of presenting anything new or novel, but rather to call attention to what I think should interest every thoughtful physician. In the discussion referred to upon a paper by Dr. Sellman, entitled, "can uterine affections be successfully treated by general practitioners," Dr. Ashby is reported as quoting Hodgen's definition of what a specialist in medicine should be, viz: "that he should be a physician and something more." I adopt this definition. The title of physician in this country, when it means anything, means much—it means that a man who professes to practice medicine honestly and scientifically, should be prepared to correctly diagnosticate and with average skill treat, at least three-fourths of the diseases to

*Maryland Medical Journal, August 1, 1882.

which flesh is heir, medical, surgical and obstetric; if this is true (and I maintain that it is) how is a man to become a physician except by meeting disease at the bedside and combating it? To this end three things are absolutely necessary—study, patience and time.

I well remember Dr. Buckingham, late Prof. of Obstetrics at Harvard, saying to a class at the beginning of a winter course of lectures, that if any of them had come there with the sole idea of becoming specialists, they were quacks from their cradles; that 10, 15 or possibly 20 years practice would determine what particular branch of medicine, if any, they were particularly well qualified to practice as a specialty, and that would be time enough to select it. I have been led to say what I have upon this subject from the growing tendency of young men to commence the study of medicine with the idea of becoming specialists from the start, seeming to think that by so doing fame and fortune are within their easy grasp; they forget, if they ever knew, that there is no royal road to success in any calling, and in none does this maxim hold more particularly true than the practice of medicine. It is not sufficient to desire anything to attain or possess it for in homely phrase, "If wishes were horses beggars would ride." I think there is real danger in this modern weakness of young men medically inclined—more to themselves however than anyone else, for man like water will always ultimately find his level, however much fortuitous circumstances may for a time place him in a position he is not qualified to fill. It is said by those who select and claim to practice specialties that the science of medicine is so broad that no one man can successfully grasp it in all of its branches. I grant this to be true if by that assertion is meant that no one man can become eminent in all of the different branches of practice comprehended under the title of medicine; but if by that declaration is meant that a fairly educated, studious and observant man cannot successfully deal with the vast majority of symptoms of diseased action and specific forms of disease, then I deny it. Medicine like most other callings, has its fashions and its foibles, and one has only to familiarize himself with the past to learn that a thing is not necessarily new because it is new to him, or that it is the best to be had simply because it is endorsed by A. B. or C. Far be it from me to decry or underrate specialists, for I believe the true specialists have greatly enhanced our knowledge upon many important subjects, but I believe that no man can or ever has become a successful specialist (and by this I mean

professionally successful) who was not first a good general practitioner. So I think we owe it to ourselves as well as our patients, before turning them over to the so-called specialist, to know that his claim to be considered such, should be based upon something more substantial than his simple assertion that he gives particular attention to a certain class of diseases, or that his practice is limited to the treatment of that particular class. If this brief, hasty and imperfect paper upon what I consider a very important subject, should induce some one more competent to deal with this matter as it admits and deserves, I shall feel that I have contributed a mite to a profession that I love and honor for itself. W. W.

CURRENT LITERATURE.

THE ESSENTIALS OF VACCINATION. By W. A. Hardaway, M. D., Professor of Diseases of the Skin in the Post Graduate Faculty of the Missouri Medical College, St. Louis; Member of the American Dermatological Association, etc. Chicago: Jansen, McClurg & Co. 1882. Pp. 146. Cloth. Price, $1.00.

In this admirably written little volume Dr. Hardaway has condensed all of the facts relating to vaccination that are worth knowing. The book contains a brief history of the discovery of the protective power of vaccination over small pox; the relation of vaccination to small pox, horse pox and sheep pox; the manner in which the virus is absorbed, the symptoms and course of the vaccine disease in the human subject; modifications and complications of vaccinia; re-vaccination; respective merits of humanised and animal virus; methods of obtaining and keeping virus in good condition; how to perform vaccination and a final chapter examining into the protection afforded by vaccination and the alleged dangers of the operation.

The book will well repay a careful study, and would be especially useful to those who too lightly estimate the benefit conferred upon humanity by Jenner's immortal discovery.

The publishers deserve credit for the excellent style in which the work is gotten up.

A System of Human Anatomy, including its Medical and Surgical relations. By Harrison Allen, M. D., Professor of Physiology in the University of Pennsylvania, &c., with a chapter on Histology by E. O. Shakspeare, M. D., Ophthalmologist to the Philadelphia Hospital. Philadelphia: Henry C. Lea's Son & Co., 1882.

The first section of Allen's Anatomy, which was first announced about two year's ago, has just appeared from the press of Henry C. Lea's Son & Co., and fully redeems all the promises made for it. It can be stated without fear of contradiction, that the plates are the most beautiful that have yet been produced in America. The anatomical drawings have been made by Mr. H. Faber, the illustrator of Duhring's Atlas of Skin Diseases, and are all from original dissections by Prof. Allen. The letter-press and paper are all that could be desired.

Bermingham's Medical Library. Clearly the era of cheap medical literature is upon us. After several advances in this direction by various publishers, to give the profession cheap books, Bermingham & Co., New York, seem at last to have found the solution of the problem. In the scheme which this house has just announced, it is proposed to give 28 volumes containing between 200 and 450 pages each, for twenty dollars. The entire series is to be published in the course of a year, and supplied in quarterly sets of seven volumes at five dollars each set. The first volume of the series —*Aitken's Hand-Book of Treatment*, is well printed and substantially bound. The other volumes announced are all excellent works.

An Encyclopedic Index of Medicine and Surgery. Edited by E. J. Bermingham, A. M., M. D. New York: Bermingham & Co.

An alphabetically arranged encyclopedia of Medicine and Surgery in one volume has long been a desideratum. Dr. Bermingham, in the work here noticed, has supplied this want. The "Encyclopedic Index" is made up of articles by the best authorities in medicine and surgery, which have been judiciously selected and arranged for ready reference by our energetic friend, the editor. It would be difficult to find anywhere else in the same compass, a better selection of so much good material as is contained in Dr. Bermingham's excellent and valuable work.

THE PHYSICIAN HIMSELF AND WHAT HE SHOULD ADD TO HIS SCIENTIFIC ACQUIREMENTS. By D. W. Cathell, M. D., late Professor of Pathology, College of Physicians and Surgeons, etc., Baltimore. Second edition, enlarged, rearranged and divided into chapters. 208 pages, green cloth cover, with polished red edges. Baltimore: Cushings & Bailey, Price, $1.25. To subscribers to the *Medical Chronicle*, post paid, $1.00.

It is only three months since we had occasion to review the first edition of this excellent book. We can only reiterate and more strongly emphasize the very favorable opinion of its merits which we then expressed.

In this edition, many valuable improvement have been introduced. The book has been divided into chapters, entirely re-arranged, some parts re-written and much new matter added. It is, above all other works, *a necessity* to the young practitioner.

Like the first, this new edition is a model of typographical excellence.

Eighteenth Report of the Trustees of the City Hospital of Boston. 1881–82. From G. H. M. Rowe, M. D. Resident Physician and Superintendent.

The number of patients treated during the year was 4,382. Of these 415 died; a fraction under ten per cent. The average daily number of patients in the hospital was 282.

On the Continuous Inhalation of the Vapor of Slacking Lime in the Treatment of Membranous Laryngitis. By Eugene F. Cordell, M. D., Professor of Mat. Med. and Therapeutics, Woman's Medical College of Baltimore. Reprint from *Maryland Medical Journal*, Sept. 15, 1882.

On the Rational Treatment of Pulmonary Consumption.. By Frank Woodbury, M. D. etc. Reprint from *Philadelphia Medical Times.* July 15, 1882.

A valuable little brochure of 37 pages, which will repay with interest the time spent in its reading.

The Application of Pressure in Diseases of the Uterus, Ovaries and Peri-Uterine Structures. By V. H. Taliaferro, M. D., Professor of Obstetrics and Diseases of Women and Children, Atlanta Medical College. Reprint from *Atlanta Medical Register*, September, 1882.

Elephantasis Arabum in the Samoan Islands. By Arthur C. Heffenger, M. D., P. A. Surgeon, U. S. Navy. Reprint from *Boston Med. & Surg. Journal.*

Stricture of the Rectum Treated by Electrolysis. By Robert Newman, M. D. Reprint from *New England Medical Monthly.* September 1882.

Abortive Treatment of Mammary Abscess. By Geo. H. Noble, M. D. Reprint from *Atlanta Medical Register.* October 1882.

A Successful Ovariotomy in 1866. By Robert Newman, M. D. Reprint from *New England Medical Monthly.* August, 1882.

EDITORIAL.

THE COLUMBUS MEDICAL COLLEGE SCANDAL.—At the meeting of the State Medical Society of West Virginia, on the 24th of May last, Dr. James E. Reeves, the President, made some very direct and damaging charges against the Columbus Medical College. The charges in effect, were, that an individual practicing medicine in that state (West Virginia) appeared before the examining board of the state and failed to pass a satisfactory examination within the meaning of the law, and that then this unsuccessful candidate applied for admission at the Columbus Medical College and graduated from that school *one month later.* The State Board of West Virginia refused to recognize this diploma, and the above college has been stricken from the list of reputable medical colleges by that board.

It may be readily supposed that so judicious an official as Dr. Reeves would not proceed to such an apparently severe measure unless supported by the strongest evidence. This evidence, hitherto unimpeached, was furnished by Prof. J. F. Baldwin, a member of the faculty of the disgraced college, for which act of "treason" the professor was expelled. We are disposed to believe that the expulsion did not hurt the feelings of Dr. Baldwin very much. However, the officials of the college have since resorted to the most undignified methods of attacking both Dr. Baldwin and Dr. Reeves, for their

manly stand in defence of honorable methods in medical education. We have been placed in possession of a number of publications containing the statements of both parties to the dispute, and are obliged to say that it is not very delectable reading. Dr. Baldwin, while giving his traducers some very sharp thrusts, and exposing the disreputable methods of the college, is at the same time cool and parliamentary in speech. The President of the College, Dr. J. W. Hamilton, on the other hand, attacked Dr. Baldwin through the columns of the daily papers, and characterized him as "a spy, informer and traitor," "utterly unworthy of association with honorable gentlemen," "failing to distinguish between *meum* and *tuum*," etc. etc. Dr. Hamilton confesses that the newspaper attack on Dr. Baldwin was made under legal advice. The advice seems to have been given on the principle: When you have no case, abuse your opponent. No evidence is offered to sustain the charges against Dr. Baldwin's character, and the presumption is that they have no basis whatever. On the whole, we rather feel like congratulating Dr. Baldwin on his retirement from such an institution as the Columbus Medical College has been shown to be, and we trust Dr. Reeves and the State Board of West Virginia will not back down from the stand they have taken against dishonest methods in medical education.

The Baltimore Medical Schools. — The regular courses of lectures in the three medical schools of this city—the College of Physicians and Surgeons, the University of Maryland and the Woman's Medical College, began on the second of October. The classes are large and seemingly composed of excellent material. This city offers advantages to medical students second to none in the country. The teachers attached to the colleges are of recognized ability, the instruction full, clinical material abundant, and the requirements for a degree equal to those exacted in New York or Philadelphia. The cost of living is much less than in any other large city, and socially, Baltimore is easily the metropolis of the country. We cordially invite students on their way to the eastern cities to stop and see us.

Dr. Morell Mackenzie.—This eminent London physician recently visited Baltimore and during his brief stay many of our physicians took advantage of the opportunity to become personally acquainted with him. Dr. Mackenzie is a tall, fine-looking gentleman of a distinctly English type of countenance. While in this city, he was the guest of his friend and former pupil, Dr. John N. Mackenzie.

FLOTSAM.

Dr. Wm. T. Councilman, whose return to the city from abroad we mentioned in our last issue, offers his services to the profession as a pathologist. He may be addressed at the Maryland University Hospital, or at 126 W. Biddle street.

About a dozen cranky individuals, including several so-called "doctors" met in New Haven on the 26th of September, and organized a "New England Anti-vaccination society." The fool-killer has still some work to do among our yankee brethren.

The Section on Obstetrics and Gynecology, of the Medical and Chirurgical Faculty of Maryland will meet on the fourth Friday of every month, at the hall of the faculty. Dr. W. T. Howard is chairman of the section, and Dr. B. B. Browne, Secretary.

After the first of next January, that excellent magazine, the *Sanitarian* will be issued weekly, instead of monthly, as at present. The subscription will be only four dollars a year. We trust Dr. Bell's heart will be gladdened by a large increase in his paid-up subscription list.

The first number of the *Journal of Cutaneous and Venereal Diseases*, edited by Drs. Piffard and Morrow of New York, came to hand just as we were going to press. The journal presents a handsome exterior and is well filled with original and selected matter of excellent quality.

A new work on normal and pathological histology, by Dr. Charles Heitzmann of New York, formerly lecturer on morbid anatomy in the Vienna University, is in the press of J. H. Vail & Co. It will be illustrated with 380 original engravings. The title is "Microscopical Morphology of the Animal Body in Health and Disease."

Our former colleague, Dr. B. M. Wilkerson of the *Independent Practitioner*, sends us a very kindly greeting in the August number of that excellent journal, for which we give thanks. We expect to row our little boat until we can fit her with a set of sails; and if we should break an oar in the attempt—why then, we can scull.

By referring to our advertising pages it will be seen that the Baltimore Academy of Medicine offers a prize of fifty dollars for the best paper read before it during the current fiscal year. We trust that the competition for the prize will be active, and are confident that a good share of original work will be called out by this very laudable action of the Academy.

Drs. J. W. Holland and H. A. Coltell, who have so acceptably edited the *Louisville Medical News*, our sprightly contemporary, have retired on account of other engagements, and are succeeded by Drs. Lunsford P. Yandell and L. S. McMurtry. Dr. Yandell is well-known from his previous connexion with the *News*, and as a contributor to medical literature of the better sort, while Dr. McMurtry isn't entirely unknown to the readers of the journals. We wish the *News* continued success.

The introductory exercises at the New York Eclectic Medical College, must have been of an interesting character to the new disciples of Galen. Addresses were made by Drs. Newton Hunt, Boskowitz and others, in which the great progress made by the "reformed" school was, of course, largely dwelt upon. "At the conclusion of the addresses," says the *Herald*, "the hall was cleared and dancing was indulged in by the young people." Truly, a novel way of beginning the study of medicine!

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THE

MEDICAL CHRONICLE.

BALTIMORE, DECEMBER, 1882.

ORIGINAL ARTICLES.

ARTICLE I.

STRICTURE OF THE RECTUM.

By PHILIP S. WALES, M. D., Surgeon General U. S. Navy, Washington, D. C.

[Continued from November Issue.]

Brodie* sketches the appearance of a disease of the rectum liable to occur in women, most frequently after labor, characterized by chronic inflammation, a copious discharge of mucus and pus, and frequent and painful passages. The inner surface of the mucous membrane is irregular to the touch, as if it were lined with a multitude of small, flat excrescences; or as if the finger came in contact with a surface covered with warts. It is generally accompanied by a circular contraction or stricture, an inch and a half or two inches above the anus, which he regards an accidental and not a necessary accompaniment of the disease. White also refers to this tuberculated condition of the bowel lessening its capacity; these tubercles are sometimes large, at others, small and numerous, do not protrude from the sphincter, and have an indurated feel differing from hemorrhoids; he had not seen many instances in his practice.

In malignant stricture the disease often involves several inches of the bowel, but is usually more restricted; it implicates the walls throughout their thickness, and occasionally but slight vestiges of

*Lectures on Diseases of the Rectum, p. 236.

the normal structure are left behind. The parts are lumpy and hard, and the inner surface of the gut is occupied by ulcerative patches of varying size, or by one great mass of ulceration.

The most varied statements have been made as to the location of stricture. This conflict of opinion has been due, in a measure, to the fact that these statements have been based upon a consideration of the different varieties of stricture as a class, instead of regarding them in separate groups according to their origin.

Perret has classed his fifty-eight cases so as to show the influence of various diseases in determining the location of stricture. In four cases in which the anus was involved, the causes were respectively, excision of a fistula, inveterate diarrhœa, hemorrhoids and syphilis; in thirty-two in which the stricture was located within six centimetres, the causes were distributed in the following order: pregnancy, one; abscess of the ischio-rectal fossa and vaginal walls, three; cauterization of hemorrhoids, two; inflamed hemorrhoids, one; hemorrhoidal flux, one; voluntary retention of feces, one; dysentery, one; inflammation of the rectum, two; pederasty, five; syphilis, six; in three cases when the stricture was located at six centimetres, one each arose from prolapsus of the rectum, fracture of the coccyx, and stercoral retention. In seven cases, between six and seven centimetres, two originated from foreign bodies, two not noted; two from abscess of the pelvis, and two from dysentery. In the four cases at nine centimetres, two were attributed to syphilis; one, to enteritis; and in one the cause is not stated. In five cases beyond nine centimetres, one arose from fibro-plastic exudation about the rectum from uterine disease; two from dysentery, one from prolapsus of the rectum, and one from stercoral retention. The last group of three cases in which the stricture was at the junction of the rectum with the colon, one originated from abscess in the pelvis, and of two cases there was no report.

White* asserts that the situation where we most commonly meet stricture in the alimentary canal is near the termination of the colon, and the beginning of the rectum. He makes a distinction in this respect in the varieties, for he adds: "So seldom, indeed, does simple stricture take place within reach of the finger, that on looking over a list containing one hundred and fifty cases, I do not recollect meeting with half a dozen in this number that were within reach."

*Op cit. p. 41.

Salmon * places it in the majority of cases that fell under his observation, at a distance of five or six inches from the anus, and next in frequency at the junction of the sigmoid flexure with the colon. Allingham† remarks: "Fortunately strictures of the lower bowel are generally within reach and sight, but occasionally they are found high up in the sigmoid flexure, or still more distant from the anus." Brodie‡ puts them at the lower part of the gut within the reach of the finger, although he saw one at six inches above, and one at the sigmoid flexure. Ashton § assigns the usual seat within two or three inches of the anus, and occasionally higher up in the sigmoid flexure.

Perret, || in a valuable memoir, gives the following result of fifty-eight autopsies of stricture cases. In four the anus was involved, the narrowing extending up the bowel to different heights; in thirty-two, the stricture was within six centimetres; in three, at six centimetres; in seven, between six and nine centimetres; in four, at nine centimetres; in five, beyond nine centimetres; and in three, at the junction of the rectum with the colon.

Gosselin¶ in speaking of syphilitic strictures exclusively, avouches that in all of his cases, those in which he had made autopsies and in those in which he had not, the stricture was found between four and five centimetres above the anus, so that the tip of the finger encountered it when introduced to the depth of the first phalangeal joint. He does not positively affirm that syphilitic strictures are always located here, but it was the location in his own twelve cases and in others which he had seen. At the distance of five or six centimetres is the junction of the sphincteric with the ampullary part of the rectum, which he looks upon as the seat of election of stricture as is the membranous urethra. Curling*|| says it varies, but is commonly at the lower part of the gut from an inch and a half to two inches from the anus. In a table of twenty-eight cases, in twenty-one the stricture was at this distance; in two it was somewhat nearer, and in five at a greater distance. In three of the latter the stricture was at the point where the sigmoid flexure terminates in the rectum, which nat-

*On Stricture of the Rectum, p. 23.

†Op. cit. p. 197.

‡Medical Gazette, Vol. xvi, p. 30.

§Diseases of the Rectum, Philadelphia, 1865, p. 213.

|| Essai sur les rétrécissements, Paris, 1834, p. 34.

¶Op. cit.

*||Diseases of the Rectum, p. 123.

urally presents a slight contraction and is well known to be liable to stricture.

The thickness or depth, and the width of stricture of the rectum differ with its progress and origin. In the case of the membranous folds and fibrinous bands, the thickness is in proportion to the extent of the projection into the lumen of the bowel, and varies from a quarter to half an inch. Gosselin* asserts that the thickness is never very great; upon the cadaver he has found it from five to ten millimetres, and upon the living subject in eight cases where incisions had been made of three to four millimetres in depth, he has not exceeded the limits of the rectal walls. As to the width, it ranges from the cord-like narrowing of a thin-edged fold of the mucous membrane to a band of several inches in length. In specific stricture, Gosselin states that it rarely attains a centimetre, so that the finger, in his cases, was always enabled to reach its superior border. Ashton† disposes of the matter by stating that "a difference exists with regard to the extent to which the bowel is affected longitudinally; the induration may be only a few lines in width, or may extend to several inches."

The degree of contraction varies considerably with the progress of the local changes; even in cases of moderate degree the difficulty of extruding the feces is considerable, while after death the stricture may be found to be passable by one or two fingers, although the symptoms indicated an almost total occlusion. It must be remembered in this connexion, that the stricture is always more open after death. In congenital stricture the aperture is often scarcely large enough to admit the point of a probe; and sometimes the anal portion is reduced to a very narrow canal with resisting walls that present great difficulty to the passage of the intestinal contents. As to number, the stricture is usually found single, though cases are recorded where there have been two or three distinctly constricted points. Curling met with two separate strictures in the rectum, and believes such cases rare. Perret‡ found only four in fifty-eight cases where there was more than one stricture.

Very little satisfactory and accurate information can be gleaned from the published records as to the frequency of stricture.

*Op. cit. p. 27.

†Op. cit.

‡Essai sur les rétrécissements, Paris, 1855.

Doubtless many cases of this sort have been grouped in mortuary reports under the titles of ileus, intussusception, constipation, obstruction of the bowels, diarrhœa, enteritis, dysentery, colic and "unknown."

Its frequency will also be varied by the class of patients and by race. For instance, venereal stricture is more common among the lowest rank of females, while other forms are of equal frequency among all orders. Mayo* is of the opinion that stricture is more common in the higher walks of society than among the poor.

Allingham states that the native population of South Africa seldom suffers from rectal diseases. It is certainly rare among sailors, for among 29,725 cases of all diseases reported during the years 1879-80-81, there were only 218 of rectal trouble, a rate of little over six per cent. Of these, 185 were cases of hemorrhoids, 6 of fissure, 6 of prolapsus, 20 of fistula, and 1 of proctitis; and not a single case of stricture. In Allingham's table of 4,000 cases treated at St. Mark's Hospital, there were 178 of stricture, a ratio of 4.4 per cent.

SYMPTOMS.

Stricture of the rectum is an insidious disease, and in its early stages may be overlooked, even for months, according to the seat of the ulceration and the rapidity of its extension; it is rarely the case that its presence is manifested by pain or tenderness in the abdomen. Usually the symptoms begin to attract attention when it has progressed so far as to establish a mechanical hindrance to the discharge of the intestinal contents, so that the earliest manifestation is constipation, at first moderate or fugitive, and later of an obstinate character, requiring the constant use of injections or cathartics. There is more or less pain, and a sense of weight or pricking in the rectum and about the pelvic region, especially in the violent straining that ensues at every attempt at defecation; the calls to stool are often frequent and unsatisfactory, the feces being ejected spasmodically in small quantities with the escape of wind; or tenesmus with the passage of small mucous discharges may be a prominent feature of the difficulty. Allingham† states that in a majority of cases the earliest symptom is morning diarrhœa of a peculiar character. What the patient passes at night is generally wind, a little, loose motion, and some discharge resembling coffee grounds, both in color and con-

*Diseases of the Rectum.

†Diseases of the Rectum, Phila., 1882, p. 223.

sistency; occasionally the discharge is like the "white of an unboiled egg;" or a "jelly fish;" more rarely there is matter. On seeking the closet a second time, the motion is lumpy and occasionally smeared with blood; afterwards the patient goes about his business for the most of the day. This is quite indicative of the disease, and can only be confounded with similar symptoms due to cancer.

In certain cases the discharges are at first fecal and moulded, and present various aspects; sometimes fragmentary, assuming a rounded shape like marbles, or that of broken pieces, at others of varying lengths, of the diameter and shape of the little finger, or as small as a pipe stem, or compressed in a tape-like form, or rounded and grooved. The shape of the feces is dependent somewhat upon the position of the stricture and the condition of the rectum. When the narrowing is high, and the muscular contractility impaired, a fecal mass may collect below, and be discharged of full size; if, however, the bowel retains its normal expulsive power, this does not result, but the feces present a diminished calibre as in stricture occurring low down, which impresses upon them the abnormal form unaltered by the anus. This sign is little characteristic, however, as the same variously figured stools may be passed by persons free from stricture, as is seen in cases of irritable rectum and anus. These feculent moulded discharges frequently alternate with diarrhœa, as the collected matter causes more or less irritation of the bowels and secretion of mucus, and mingling with the latter is discharged either as a fluid, or a soft and pultaceous mass. When ulceration occurs, there will be more or less pus present, and often blood; in certain cases there is a constant escape of brownish fluid variously tinged with blood.

Although the discharges, solid or fluid, may appear sufficient to free the bowels, yet as the case progresses, there often is a daily residue, so that the fecal matter gradually increases, and distends the abdomen sometimes to an enormous extent, as in the well known case of the French surgeon whose belly gained such a girth that he could not touch the points of the fingers in front, and after death fifty pounds of matter of different color and consistence were removed.

Various symptoms will arise from the mechanical action of such accumulations; the functions of the upper part of the intestinal tract become deranged, and as a result there is gastric and intestinal

dyspepsia, vomiting, loss of appetite, and the food disagrees with the patient, and often passes through the body in a few hours incompletely digested; there are rumblings in the bowels, of a croaking character, or like the gurgling of water in a bottle, and gaseous distention of the abdomen, with a sense of oppression and weight, and colicky pains. Occasionally the sensation is as though the body were girded with a cord. The contractile power of the rectum and of the sphincters becomes impaired, and the fluid contents of the bowel then pass involuntarily.

The constant and harassing discharges deteriorate the general health, the functions of nutrition become disordered, and the patient grows pale, often presenting an earthy tinge of skin. There is an indisposition to exertion, more or less mental depression and gloomy forebodings, irresolution and timidity of conduct; emaciation increases, and finally hectic or septic fever supervenes. Other symptoms may arise in the course of the malady, such as dull headache, especially in the occipital region, neuralgic pains in the small of the back, region of the sacrum and in the thighs, extending even to the feet and occasionally to the penis; cold feet, cramp in the calves of the legs, fullness of the head, palpitation and phthisical manifestations in persons disposed to that disease, and evidences of amyloid degeneration of the viscera.

Complications originating in the sympathy of the genito-urinary organs may give rise to irritability of the bladder, frequent micturition, and in the female to uterine disturbances. Indeed, cases of stricture of the rectum have been often confounded with diseases of the uterus or bladder.

Cases occasionally terminate speedily by a foreign body catching in the stricture and producing all the phenomena of complete obstruction, or causing illness and death after days of suffering. A low form of peritonitis, attended with considerable abdominal pain, aggravated by pressure and motion, is liable to complicate stricture.

Hemorrhoids are commonly present from the constant straining or from obstruction to free venous circulation; fragments of hard and irritating particles may be caught above the stricture and determine fistulæ, which reach the perineum or bladder and in the female, the vagina. The inflammatory and ulcerative action occasionally produce fissures, which add greatly to the suffering already entailed by the stricture, and in syphilitic cases the anus may be surrounded

with condylomata. In certain cases of stricture there is a spasmodic constriction of the sphincter, which, though usually associated with fissure, is at times independent of it. Finally, the finger, if within reach, or, if higher, the elastic bougie, will reveal the obstruction.

DIAGNOSIS.

The symptoms already enumerated will furnish strong presumptive evidence of the existence of stricture, yet absolute certainty can only be obtained when it is located within the reach of the finger. The walls of a healthy rectum are smooth and free from tubercular elevations, corded ridges, or induration in every part of its extent. Ulcers may be felt as irregular, granulated surfaces of varying extent that can in some cases be exactly defined by following their margin, and any narrowing of the bowel becomes at once evident to the touch as a ring-formed contraction, into which the tip of the finger may be inserted and even passed above, and its width determined at once. The condition of the adjoining viscera, uterus, prostate gland and bladder as felt through the rectum must be carefully noted, as their nerve supply and that of the rectum spring from a common source, and bind them in a common chain of sympathies, so that a diseased condition of any one of them may occasion disordered functional activity of the others. On the other hand the topographical relations of the pelvic viscera render the rectum liable to temporary mechanical interference by the displacement or disease of these organs, which must be discriminated from true stricture. Versions or tumors of the uterus, ovarian disease, pelvic hematocele, fibrinous bands, enlarged prostate, tumors growing from the sacrum, or located in the tissues between the bladder and the rectum are the chief conditions that may induce phenomena similar to those of rectal stricture. A careful physical examination of the bladder, prostate and uterus, with appropriate instruments, will reveal the presence or absence of organic disease in these organs. Should this fail to show textural changes capable of determining disturbance in their functions, an exploration of the rectum may at once supply a clue to its origin.

Symptoms simulating those of rectal disease sometimes arise in imaginative persons with an impressible nervous system, irritability of the muscular fibre and dyspeptic derangement, which will embarrass the diagnosis until eliminated by a searching physical examina-

tion. In women the vaginal touch should not be neglected, for a stricture of the rectum may be felt through it, and its thickness and width determined. For the correct treatment of the disease it is also of prime importance to discriminate the various kinds of stricture.

The congenital form will usually betray itself, as a rule, in early life by obstinate constipation and the distressing symptoms which follow from it, although Le Dentu* mentions an instance in which it passed unrecognized during life, and in Buisson's case the patient was forty years of age before seeking surgical relief. It is usually located near the anus; in four of the seven cases collected by Reynier† it was two or three centimetres above it; in one, in the middle portion, and in another, at the junction of the middle with the upper third. The form of the stricture is diaphragmatic, crescentic or bridle-like, and a character peculiar to it is its thinness. The mucous membrane of the bowel is smooth, and does not present the rugosities and inequalities of syphilitic stricture, nor is the contraction re-established after incision.

Syphilitic stricture mostly occurs in women between twenty-five and forty five, is always located within reach of the finger, is very firm, being seldom more than half an inch wide, forming a ring-shaped or tubular contraction, and not a tuberous mass as is often the case in cancer. The surface is relatively smooth, and the thickening is uniformly dispersed in the rectal walls. There is more or less discharge of pus or muco-purulent matter, sometimes streaked with blood; condylomata about the anus, and indolent glandular enlargements in various parts of the body may also be present. There will be a history of antecedent syphilitic trouble. The course of the disease is chronic, often running on for five or more years.

Godebert‡ who divides syphilitic stricture into secondary, tertiary and quaternary, says that the former may ordinarily be easily distinguished from the two latter. Secondary stricture is generally not more than a centimetre in width, while the others occupy a more considerable extent; the former succeeds to syphilitic ulcerations characterized by a discharge from the anus, painful defecation, etc., while the latter begins insidiously, the constipation and alteration in the mould of the feces preceding the discharge of pus and the appearance of condylomata.

*Thèse de concours, Montpellier, 1851.

†Gazette Hebdom., tome xv., 759, 1878

‡Op. cit. p. 69.

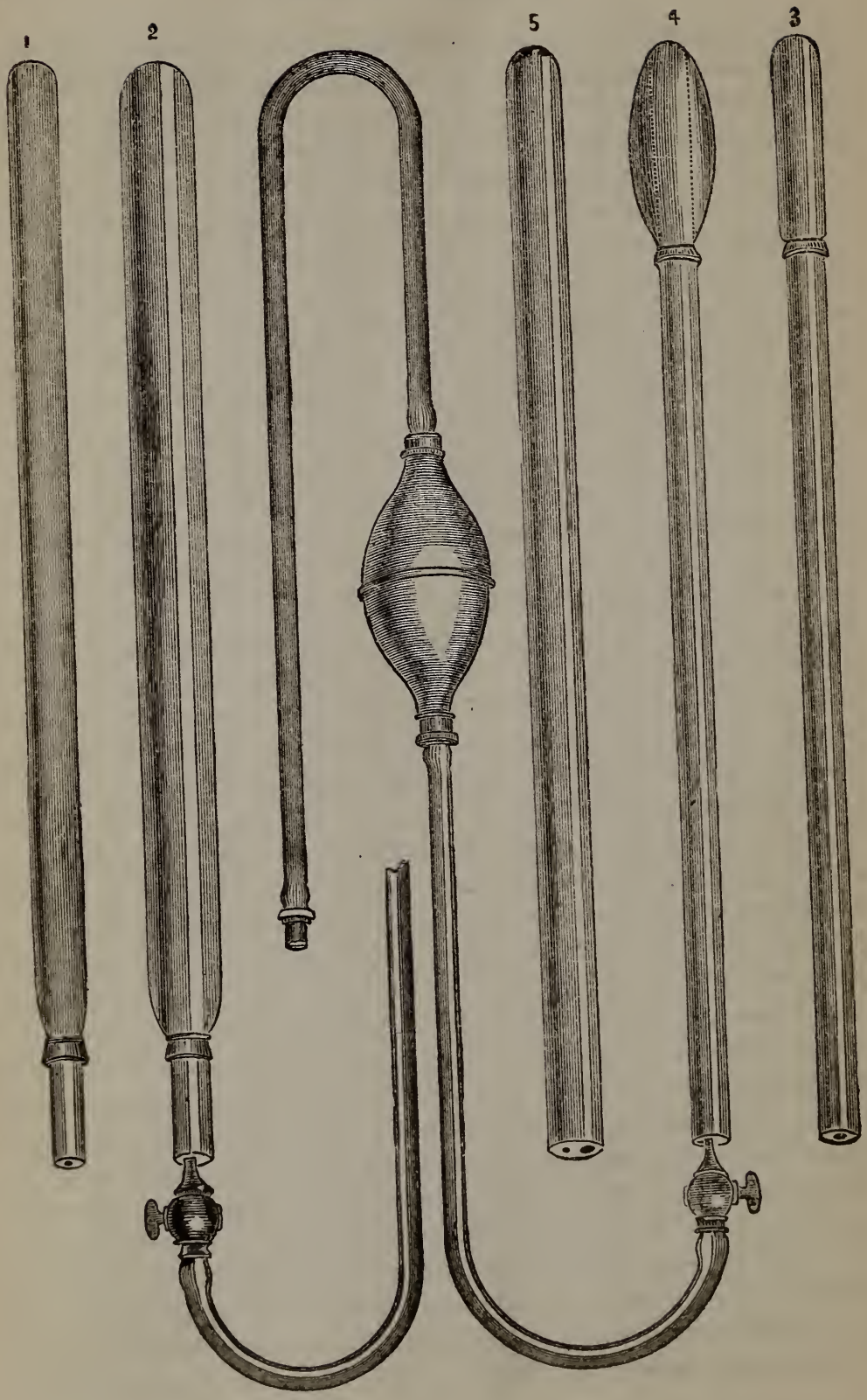
Malignant stricture is accompanied with an ichorous discharge of characteristic odor, and the general health is more deeply and quickly affected, constituting the cancerous cachexy. To the touch the irregular tuberculated surface is marked, and often occupies one face of the rectum only, or is irregularly disposed; sometimes it forms a distinct mass, pushing the gut to one side or the other, rather obstructing than narrowing its cavity. These growths in certain cases may easily be broken down with the fingers. In the scirrhous form this is not the case, but the tissues are hard and resisting as in syphilitic induration, and when the former has run, as it sometimes does, a chronic course of three or four years without affecting very materially the general health, the discrimination between the two diseases is difficult, but the longer cases endure beyond this period, the stronger the probability becomes of their being syphilitic. The lymphatic glands between the rectum and sacrum may also be perceptible to the finger.

It is important to recognize the connexion between the stricture and the sequelæ, or complications that may flow from it, as chronic diarrhœa, tenesmus, inflammation of the bowels, colic, ileus, hemorrhoids, fissure and cutaneous diseases about the anus, especially eczema. According to Sherwin, some of these formidable conditions may be successive symptoms of strictured rectum, and it is highly probable that under some of these appearances, many patients have died without the real cause having been assigned or suspected. I have recently had under my care a patient who had been treated for several months for obstinate diarrhœa, although stricture was the origin of the difficulty. The tenesmus of dysentery comes on quickly, is accompanied with bloody mucous discharges, severe burning pain in the rectum and anus, and there is little respite or relief from the straining efforts; the tenesmus of stricture is the reverse of this. Other conditions are also sometimes erroneously treated as the primary disease. It may be laid down as a good rule that whenever there are hemorrhoidal tumors or any form of excrescences about the anus, spasmodic contraction of the spincter, prolapsus ani, or any other apparent disease of the bowel, accompanied with symptoms of obstruction, a physical examination of the rectum should be instituted, for, although these various affections are most often primary, yet they are sometimes the result of stricture. Polypus of the rectum can readily be distinguished by its shape, and the anamnestic signs. Intussusception

of the colon into the rectum has a different course from stricture, and the intussuscepted part can be defined by the finger which may be easily passed around it; and its aperture has not the characteristic hard and resistant feel of the former disease.

The only unmistakable signs of stricture as stated above, are furnished by physical examination. When within reach of the finger its determination is placed beyond doubt. In some instances it may be felt when quite high up, by causing a slight inversion of the bowel. To accomplish this, the patient is placed in an upright posture, when the weight of the diseased intestine, and any accumulated materials above will cause it to descend to a lower point, especially if straining efforts are simultaneously made. The range of the finger may also be enlarged by pressing up the perineum with the flexed fingers of the hand whose index finger is being used for the examination. Additional power may be gained, and fatigue of the arm avoided, by supporting the elbow with the opposite hand.

The exploration with the finger should be done gently, as serious damage may occur, as happened in Lannelongue's case, in which perforation and pelvic cellulitis followed. When the stricture is beyond the sweep of the finger recourse must then be had to bougies, and the elastic instrument is the best. Sir Charles Bell devised an explorer, consisting of an ivory ball mounted on a brass rod, which is now sometimes met with in the shops, but rarely used. The elastic bougie handled with skill furnishes all the information that can be gained in this way, and there is little likelihood of its point catching at the sacro-vertebral promontory or in the rectal folds. This instrument may also be converted into another form to be used in exploration, as shown in the annexed cut, figures 3 and 4, by slipping a close-fitting hood of rubber, two or three inches long, over its point and securing it with a thread. The instrument thus made ready should be well coated with a stiff grease, as cosmoline, which I find works better than sweet oil in facilitating its gliding over the mucous membrane. When the point is lodged above the stricture, a syringe is attached and the rubber hood distended by water or air (I prefer the former) into a ball an inch or more in diameter. Gentle traction is now to be made, which will cause the ball to move slowly along the bowel. If no obstacle is present the ball will soon emerge from the anus, on the contrary any obstruction will arrest it. It may be that spasmodic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contraction will have a like effect, but this can be easily distinguished from that of permanent stricture by keeping up the traction a few moments until the muscular spasm relaxes, when the ball will again slip on. In cases of organic narrowing, its degree can be approximately determined by maintaining the traction upon the explorer, while the water is permitted to flow out in a gentle stream, the moment the ball is reduced in size to that of the diameter of the stricture, it will pass through. The height of the stricture may be also at the same time determined by deducting the length of the bougie projecting from the anus from its total length. Allingham uses vulcanite balls of different sizes, mounted on pewter stems with flattened handles.

The entire hand can be introduced into the rectum for purposes of exploration. I have executed this maneuvre several times without much inconvenience to the patient or subsequent trouble with the sphincter, which, when the operation is gently performed, is not ruptured and soon regains its contractility.

If the stricture be low down, no service can be derived from the speculum, but when higher the surface of the stricture and the interior of the rectum may be inspected with the utmost facility, either by natural or artificial light. I have been in the habit of conducting the examination with the patient in the knee-chest position before a window so that a strong light may fall into the speculum; should this not be practicable recourse may be had to the light from a gas jet surrounded by a cylinder fitted with a double convex lens. In case the endoscope is used, the patient may be placed on his side, with his buttocks overhanging the end of the table, and the artificial light so placed that it may be reflected by the mirror.

The utmost gentleness has already been urged as necessary in digital examinations and it need hardly be mentioned that the use of bougies requires still greater care and circumspection, as dangerous and even fatal results have been caused by them in skillful hands. Le Dentu reports a case of perforation with a gum-elastic bougie, followed by peritonitis and death.

[*TO BE CONTINUED.*]

THE BACILLUS tuberculosis is having a pretty hard time of it after all. Dr. Formad denies its etiological importance, and Dr. Schmidt of New Orleans denies its existence even.

ARTICLE II.

ALCOHOL AND IRON IN DIPHTHERIA.

By W. E. WYSHAM, M. D.

Probably there is no disease which physicians encounter, in which a greater number and variety of remedies have been proposed and employed, than in diphtheria; and it is a very usual thing to assert the invariable utility or specific action of certain medicines in the treatment of certain pathological conditions, when every intelligent physician knows the fallacy of such assertions.

The writer ventures, however, to assert, after a large experience in the treatment of diphtheria, that in alcohol and tincture of iron, we have specifics equal in efficiency to quinine in the control of periodical fevers.

During the months of September and October, 1881, diphtheria prevailed to an alarming extent in this locality, and the writer had a good opportunity of testing the efficacy of those remedies, which were employed with almost unvarying success and satisfaction.

My own family did not escape the disease; seven out of eight of my children were ill with it at the same time, and during a professional career of thirty-three years, I have never experienced such agonies of mind and physical fatigue as I did during the five weeks of their illness. One of my boys (12 years of age) was an extremely malignant case, presenting all the most unfavorable symptoms of the disease, and for several days and nights I almost despaired of saving his life, watching every respiration, and expecting him to die from suffocation (the air passages being terribly involved) or blood poisoning, or both; but with God's help and the most unremitting and constant attention he, and all the others recovered.

In the cases of nearly all my children, the pseudo-membrane made its appearance at the very incipiency of the disease, which commenced with a chill, followed by high fever, nausea and vomiting, intense frontal headache, and pains "all over;" dryness of mouth and fauces; rapid, weak pulse (160, at one time); temperature 104; respirations (in the worst case) for several hours about 10 per minute. I began at once to build up the prostrated nervous system, placing my chief reliance upon alcohol, in the form of milk punch and whisky toddy, and the tincture of chloride of iron; the younger

children taking the latter freely, combined with lemon syrup, and also lemonade; those that could gargle used freely a combination of chlorate of potassium, carbolic acid, glycerine and water; I used also as a local application to the false membrane, the following:

℞ Acidi Carbolici . . . . . 3 j.
Acidi Sulphurosi . . . . . 3 iij.
Liq. Ferri Perchloridi . . . .
Glycerini . . . . . aa 3 iv.

M. S. Apply with a large camel's-hair brush or spray (the latter being preferred with the younger children) every two, three or four hours. This combination seemed to detach the false membrane, arrest its spread, and destroy entirely the intolerable odor so characteristic of the severe form of the disease. The internal administration of the tincture of choride of iron was continued for some time after all traces of the disease had disappeared. I have great confidence in the tincture of iron as a prophylactic and administered it freely to my eldest son (age 14) who escaped entirely, although exposed to the contagion.

Of course we cannot expect unvarying success with any remedy in any disease, but aside from any theory of the pathology of diphtheria, we know that alcohol is a potent destroyer of bacterial life, and prevents the hatching process of micrococci in the blood, and that iron increases the number of red corpuscles in the blood, which soon becomes impoverished in all these bacterial diseases. Of course there are cases where the larynx, trachea and bronchial tubes become obstructed with false membrane, in which little or no good will follow any remedy.

The sub-maxilary, and even the parotid glands were much enlarged in several of the cases in my family, and a liniment composed of camphorated oil and spirit of turpentine, gave much relief. Acting nurse as well as physician in these cases, there were many minor things done for the comfort of my patients which it is unnecessary to mention; disinfectants were freely used all over the house, and fresh air was daily admitted into the sick rooms.

CATONSVILLE, Balto. Co., October 20th, 1882.

SPECIAL CHRONICLE.

A YEAR'S PROGRESS IN MENTAL DISEASES.

By C. W. PILGRIM, M. D.

Localization of Disease in the Brain and Spinal Cord so far as Pathognomonic and Diagnostic.—C. E. Brown-Sequard* in a preliminary paper before the International Medical Congress, 1881, says: Under this title it is my purpose to ask the section to discuss the following questions:

1.—Are there parts of the brain and of the spinal cord which, being diseased, give rise to symptoms which no other parts can produce?

2.—What is the diagnostic value of certain symptoms to show the seat of disease in the brain and spinal cord?

3.—What gains have we made in recent diagnosis by the recent researches on localization of disease in the cerebro-spinal centre?

As regards the first of these questions, I will try to show that although there is no symptom which alone possesses an absolute pathognomonic value concerning the seat of the disease, there are, however, morbid manifestations, the co-existence of which establish almost certainly, and sometimes even certainly, that special parts are diseased.

As regards the second question, it will lead me to speak of the connexion: 1st, of aphasia with disease of the third frontal convolution, the island of Reil, and the occipital lobe on the left or on the right side; 2nd, of the Jacksonian convulsions with some cerebral convolutions; 3rd, of brachial, crural, facial paralysis, and of other kinds of monoplegia with lesions of certain convolutions; 4th, of cerebral hemi-anesthesia with disease of the optic thalamus or of the posterior part of the internal capsule; 5th, of hemi-chorea with disease of the corpus striatum or of the anterior part of the internal capsule; 6th, of titubation with disease of the cerebellum and of some parts of the base of the brain; 7th, of diabetes with disease of the floor of the fourth ventricle; 8th, of labio-glosso-laryngeal paralysis with certain groups of bulbar nerve cells. 9th, of some symptoms of labio-locomotor ataxia with disease of certain parts, and of other of the symptoms of that affection with disease of other parts of the posterior columns of the spinal cord; 10th, of paranæsthesia with disease of the central

*The Journal of Nervous and Mental Diseases, April, 1882.

parts of the lumbo-dorsal enlargement of the spinal cord; 11th, of progressive muscular atrophy of the nerve cells of the anterior gray cornua of the spinal cord; 12th, of the essential infantile paralysis with small *foci* of inflammation of the part of the gray matter just named; 13th, of intermittent paraplegia with ischemia of the dorso-lumbar enlargements of the spinal cord.

As regards the third question, I shall show that we have recently made considerable advances, although much less than is generally believed.

Cranial Percussion for Diagnostic Purposes will be found of real value in meningitis verticis and other circumscribed affections, the scalp being first gently gone over with the fingers to ascertain that no complicating cutaneous hyperesthesia exists. It is well to percuss one's own head previously, to ascertain the character of the tap which can be borne without discomfort. Dr. Alex. Robinson, of Glasgow, was the first to call attention to this subject in 1877, but it is still comparatively new to the profession.

The Brains of Criminals.—Prof. Benedikt has been continuing his studies on the brains of criminals and sums up the differences as follows: In the normal brain the typical convolutions are separated from one another; in the brain of criminals they are fused. There are, besides other anomalies of development, shortening or lengthening of the posterior half of the skull, peaked form of the head, early synostosis of the sutures, numerous Wormian bones and nondescript irregularities of length and breadth of the cranium. He believes that in the criminal class we have a zoological variety of human species—in fact, a retrogression of type.

A Very Common Mind Trouble.—Under this title Dr. J. Mortimer Granville has recently called attention to a mental condition from which persons who live sedentary lives and labor habitually with their brains are frequently found to suffer. "This condition," he says, "is not generally recognized by medical psychologists. It consists of an uncontrollable and all-pervading sense of *doubt*, not suspicion, in the technical sense of that term, as applied to maniacal mistrust of those around, but doubt as to the commonest facts and acts of ordinary life and experience. What is seen must also be touched. What has been done must be done again, or some special measure taken to ascertain that it has been thoroughly accomplished. The consciousness which is plagued with this malady—for such it really is—seldom

rests and is a prey to worry. Locking a door, extinguishing a lighted candle or match, turning off the gas, or in some cases so simple a matter as placing a vase on a pedestal, or even a book on a table, are serious undertakings from which the mind shrinks; or if the act be hastily and needlessly performed the sufferer endures a misery of misgiving for some time afterward, and, which makes the matter worse, the longer the doubt lasts the more oppressive does it become. * * * * * * All sorts of evil consequences will or may ensue from his omission to lock that door or drawer, to turn off that gas burner, or to place some ornament firmly enough on its pedestal. The creature of a craze like this may go to bed and try to sleep, but he will toss restlessly on his pillow, and at length he *must*—or fancies he must—give in; and from any distance or at any pains he returns, generally to find that his fears have been wholly groundless. Only those who have either themselves experienced this doubt, or repeatedly watched its growth and witnessed its effects in others, can imagine how terrible in itself, and what a prolific source of mental mischief, so seemingly small a matter may prove. It is in fact the first and warning symptom of many a grave and—because neglected—afterward incurable case of mind disease. "The evil" he says, "is one of self-cure." The aim should be to develop the habit of doing as much as possible of the ordinary business of life by routine. Associate the act done or the object recognized with some other act or object. For example, if there be a suggestion of doubt as to the locking of a door, fix the eye, not on the door, but on something else, while locking it. Then, when the question afterward suggests itself, "Did I lock that door?" The generally sufficient answer will come, "Yes, I know I did because I remembered looking at a particular spot on the wall-paper or on the pattern of the carpet, while I did it." This is confessedly only a subterfuge, but it often helps the mind to satisfy itself, and may be helpful as an adjunct to self-cure."

*Singular Brain Lesion in General Paresis.**—Dr. Baillarger has found that in some cases of general paresis there occurs a complete separation of the gray from the white matter of the brain, the two being no longer united but merely in juxtaposition. A simple adhesion of the membranes to the summit of the convolution is sufficient to produce a true decortication, which also occurs with the same, and even greater, completeness at the bottom of the sulci in the relief of

*Annals Medico-Psychologiques, January, 1882.

the convolutions. In situations where the change has taken place, the exposed white matter is indurated, the gray matter on the other hand being softer, and both more or less atrophied. The condition may often pass unnoticed in the early stage of alteration, and it will not be apparent on removal of the membranes. It can then be demonstrated only by direct examination, or by directing a stream of water over the line which indicates the limits of the two substances.

*Iodoform Insanity.**—Schede (Centralblatt fuer Chirurgie, No. 3, 1882) has noticed that the use of iodoform has been attended by marked psychical symptoms. One type which is very noticeable among children is marked by dullness of the special senses, vomiting, and spasms of single groups of muscles. In adults, Schede has, on two occasions, seen general mental confusion produced by the external use of iodoform. In the case of a neuropathic female, the external use of iodoform was followed by sudden general mental confusion, loss of personal identity, loud singing, and violence. Schede has had under observation cases of melancholia attonita, also two cases of melancholia with frenzy, and three cases of simple melancholia, all arising from the use of iodoform. Iodoform really belongs to the alcohol group, and that it should at times produce such symptoms is scarcely surprising.

Dr. C. H. Hughes in an article on hyoscyamus in psychiatry, published in the *Alienist and Neurologist* for April, 1882, says:

1.—The special uses of hyoscyamus thus far indicated are in delirium, especially maniacal delirium, when prompt and decided arrest of cerebral disintegration is demanded and psychical excitement must be at once subdued, and it should always be preferably given under the skin.

2.—It is especially indicated in the young and middle-aged, being less liable to abortive action in them than in the aged; for though old persons are readily influenced by henbane, as Harley has noted, it is apt, for some not fully explainable reason, probably on account of atheromatous states within the brain and unequal arterial contractibility, imperfect vaso-motor or cortical impressibility, to aggravate rather than calm delirium.

3.—The special forms of delirium in which hyoscyamus has acted best in our experience are delirium tremens and incipient acute mania, in which illusions of small and near objects torment the patient

*Journal of Nervous and Mental Dis., April, 1882.

and there is constant action. The effect of dispersing visual hallucinations is probably due in part, at least, to its dilation of the pupil. It is also an especially desirable remedy in acute and violent cerebritis of the sthenic type, when cerebral excitement is high and the pupils are contracted.

4.—Hyoscyamine does not constipate, or produce gastric pain or nausea, as morphia often does, but then it is not a remedy for the stomach, and, unlike chloral, its administration is never followed by headache.

5.—It ought to be seldom given, not more than once in twenty-four hours, and in full doses, and the patient kept recumbent till the system is fully under its hypnotic influence.

*The Relationship of Diabetes to Insanity.**—Dr. Santos shows that diabetes sometimes alternates with insanity, in the same manner as pulmonary tuberculosis is known to do. In many cases of diabetes there exists a specific mental disturbance, characterized by depression, and occasionally leading to suicide. The intensity of the symptoms is directly proportionate to the amount of sugar in the urine. Later in the course of the disease, the patient sinks into a state of quiet apathy, talking to himself, but is without delusions; this condition often lasts until death.

The Cerebral Circulation.†—Gley (Revue des Sciencés Medicales, tome xix) has studied the influence of the intellectual act upon the cerebral circulation. He used a cardiographic tambour upon his own carotid. A philosophical lecture, a geometric demonstration, and an arithmetical operation were used to excite the activity of the brain. He observed during the intellectual work: 1st, Augmentation of the number of beats of the heart, which appears to be in direct ratio to the attention; 2nd, Dilatation of the carotid artery and most marked dicrotism of the carotid pulse; 3rd, These characteristics persist after cerebral activity has ceased. These effects are neither cardiac nor respiratory, but vaso-motor changes.

The Cerebellum.‡—Spitzka (in the Journal of Neurology and Psychiatry, 1882) puts forth the opinion, founded on morphological data, that the cerebellum is a field where the impressions of touch and position are associated with those of time and space. Its main object is

*The Alienist and Neurologist, January, 1882.
†Journal of Nervous and Mental Dis., April, 1882.
‡Journal of Nervous and Mental Dis., April, 1882.

the fusion of the sensations or their co-ordination in some way for the benefit of the cerebral hemispheres. It is the informing depot to the great head-centre, the cerebrum. The cerebellum is but a by-tract for impressions conveyed by other channels, and only the finest co-ordinations of movement with regard to space and time are on anatomical grounds to be connected with the cerebellum. He confidently asserts that a fine musical ear, the sense of rhythm and time, and the ability to perform any fine feats of equilibrium are not possible without an intact and well-developed cerebellum.

*Insanity and Divorce.**—A recent English decision is of some interest in this connection. On the night of the marriage the wife (Med. and Surg. Reporter, Feb. 4, 1882) refused to allow it to be consummated. She was subsequently found, on examination by several alienists, to be a melancholic, and mentally unfit to enter into a marriage contract. The court decided the marriage was null. In this case there was but one view to be taken; but about the abstract justice of the law of Wisconsin, lately repealed, which made chronic insanity a ground for divorce, there may be some question, since from a humanitarian standpoint it seems hard to make chronic illness a ground for divorce. There are, however, many individual cases in which the non-existence of this law works hardships for individual cases.

CURRENT LITERATURE.

STATE BOARDS OF HEALTH REPORTS.

1. MICHIGAN STATE BOARD OF HEALTH, 1881. Dr. Hy. B. Baker, Secretary, Lansing, Mich.

2. ILLINOIS STATE BOARD OF HEALTH, 1879, 1880. Dr. J. H. Rauch, Secretary, Springfield, Ill.

3. NEW JERSEY STATE BOARD OF HEALTH, 1881. Dr. Ezra M. Hunt, Secretary, Trenton, N. J.

4. RHODE ISLAND STATE BOARD OF HEALTH, 1881. Dr. C. H. Fisher, Secretary, Providence, R. I.

1. The report of the Michigan State Board presents its usual full bill of fare. We have heretofore expressed the opinion that this

*Journal of Nervous and Mental Dis., April, 1882.

organization does more practical sanitary work than any other organization of similar character in the country. The reports annually issued from the office of the Board in Lansing, fully substantiate this assertion. The report for 1881 is a volume of 563 pages, and is filled with matter of the greatest interest to sanitarians everywhere. Where the contributions are so generally good it would be invidious to draw any distinction. We have however been much interested in a paper by Dr. Geo. E. Ranney, descriptive of the work of the Board. This paper, entitled "The Health Service of a State," gives a summary of the Board's activity since its organization. From this we learn that the subjects more or less exhaustively discussed in the reports of the Board, and placed by means of reprints into the hands of a large proportion of the inhabitants of the state, are poisonous wall papers, lead-poisoning by use of tinned ware and of vessels containing lead, adulteration of table syrups, illuminating oils, safety in public assemblies, local Boards of Health, resuscitation of the drowned, restriction and prevention of scarlet fever, restriction and prevention of small pox, prevention of small pox by vaccination, legislation in the interests of Public Health drainage, ventilation and other similar practical topics. In the nine years of its existence, the Board has published and scattered among the people of the state, no less than 135 sanitary tracts on such matters of vital interest as those enumerated above.

At first sight the cost of keeping up such an organization would seem to be considerable. Being of an economic turn of mind we read through the details of the financial officer's report, and found that the total expenses of the Board for the year ending September 30, 1881, were $3,413.91. This sum includes traveling expenses of members of the Board, printing and the Secretary's salary.

Is it too much to hope that Maryland may, before long, have a health organization similarly constituted and of like efficiency? United action on the part of the profession can secure these results.

2. The duties of the Michigan State Board, as we have tried to show, are those of an instructor of the public. The Illinois Board, on the other hand, has a different sphere of usefulness. Its functions are mainly regulative. It prescribes above all, the qualifications of persons who shall be permitted to practice medicine in the State of Illinois. Whoever fails to comply with the laws in this matter must cease practicing or leave the state. It even prescribes

the curriculum of medical colleges who graduate students intending to practise in that state. It publishes a list of registered physicians and midwives of the state, enforces compulsory vaccination, and in conjunction with the National Board of Health, inspects all immigrants on their arrival at the state line, and segregates those found suffering with contagious disease. It has been in existence now four years, and is doing a good work. Its efficiency is largely due to Dr. Rauch, the indefatigable secretary.

3. The report of the New Jersey State Board differs in some respects from both the preceding. It is very largely the work of the secretary, Dr. E. M. Hunt, who has for years been known as one of the most aggressive sanitarians in the country. The general report of the secretary, as well as his special papers and his summaries of the vital statistics, all bear the impress of a mind thoroughly informed in sanitary matters, as well as evincing a full appreciation of the sanitary needs of the state. The New Jersey Board has no mandatory power as has the Illinois Board; neither does it seem to possess the means to render its work as effective as the Michigan Board. Its report nevertheless makes a good showing, and justifies its existence.

4. A large portion of the Rhode Island report is taken up with an elaborate paper on house drainage and sanitary plumbing by Wm. Paul Gerhard, civil and sanitary engineer. It contains special reports on diphtheria, malaria and cattle diseases. It also contains a paper on pre-natal education, by Dr. F. C. Clark.

These reports show that preventive medicine is making progress in this country. They should act as a stimulus to those states that are still so far behind in their appreciation of the labors of sanitary workers. We trust the above-mentioned organizations will soon have many followers and competitors.

SLIGHT AILMENTS; Their nature and treatment, by Lionel S. Beale, M. B. F. R. S; Fellow of the Royal College of Physicians; Professor of the Principles and Practice of Medicine in King's College London, etc. Second edition, enlarged and illustrated. Philadelphia; P. Blakiston, Son & Co., 1882. Baltimore; Cushings & Bailey. Price, in cloth, $1.25. Paper 75 cents.

One of the most charming, and at the same time practically useful, chapters in that monumental work of German medical research *Ziemssen's Cyclopedia*, is the essay by Prof. Seitz, on "slight disorders caused by catching cold." A number of unclassified troubles are there mentioned by the veteran clinician, which find no place in

the text-books or lectures of the didactic professor in our colleges. Prof. Beale has given us in his work on "slight ailments," a clear, practical account of that great multitude of trivial affections which the student meets early in his practice, and yet which have such an insignificant assemblage of symptoms, that they cause more difficulty in making a diagnosis than the gravest case. The author, in a style so easily read, as to almost claim the designation of "popular," removes many of these difficulties in the young practitioner's path. The causes of slight deviations from the healthy standard are succinctly explained, and the most rational plan of treatment clearly indicated. We can heartily recommend the work as one of the most useful that has been recently issued from the medical press.

The Question of Contagion in Leprosy.—By James C. White, M. D., Professor of Dermatology in Harvard University. Reprint from the *American Journal of Medical Sciences*, October, 1882.

In this pamphlet of 22 pages, Prof. White gives an exhaustive consideration of the question whether leprosy is, or is not contagious. Upon the answer to this question, must of course, depend the relation of lepers to the public health. Prof. White concludes from his investigation that the disease is contagious, and that proper methods should be taken to prevent its dissemination.

EDITORIAL.

THE NEW INFECTIOUS DISEASES ORDINANCE.

We publish, as a supplement to this number of the MEDICAL CHRONICLE, the full text of the ordinance to limit the spread of infectious diseases recently passed by the City Council of Baltimore, and approved by Mayor Whyte on Octobr 24th. We bespeak for the ordinance a careful consideration, and urge upon every one a conscientious compliance with its requirements.

The greatest defect in the sanitary services of this country is the absence of an accurate system of registration of diseases. It is believed that this ordinance properly carried out, will give to the morbility statistics of Baltimore a value possessed by those of few other cities in the United States. It is only in this way that the actual death rate of a disease in any epidemic can be established. Individual experience counts for little in the determination of a mor-

tality rate; an approximately true generalization can only be made from a large mass of details, which no individual experience can possibly furnish.

The ordinance is, however, wider in its bearing than a simple registration law. It provides regulations for preventing the spread of contagious or infectious diseases through dead bodies; hence it regulates the burial and the transportation in the city of the corpses of those dead from a contagious or infectious disease.

The Commissioner of Health is also authorized, subject to the approval of the Mayor, to remove to special hospitals, or isolate patients with infectious diseases, and designate the premises occupied by such patients by flags or placards, properly inscribed. Finally, vaccination is made compulsory.

It may be stated that it is not intended by the Health Department to display any flags or placards for any disease except small pox. It is believed that the placarding of houses for diphtheria and scarlet fever, as is done in Milwaukee and perhaps some other cities, would serve no useful purpose, and would create so much opposition as to nullify the objects of the Act.

When a case of disease coming within the provisions of this ordinance is reported to the Health Commissioner, a sanitary inspector is sent to the house. He makes a sanitary survey of the premises and supplies disinfectants, if necessary. A printed card is left with the householder or attendant, containing a number of brief rules for the prevention of the spread of the disease, disinfection, etc. Nothing is contained in these rules, or is allowed to be said or done by the inspector, that would reflect upon or interfere with the directions of the attending physician.

We have heard it stated that this ordinance gives the Health Commissioner too much power over the rights and privileges of citizens. We believe that this power, although great, will be discreetly used by the health officer that Baltimore has at present or will have in the future. Let any one of our readers consider whether he himself would use such power unjustly; if not, why should less fairness be imputed to one holding an official position!

The objection has been made that an ordinance such as that under discussion restricts personal liberty. The answer to this is tersely given by Dr. O. W. Wight: "Personal liberty to give small pox to somebody else had better be abridged as soon as possible. Personal liberty to send scarlet fever into a school with your child is rather dia-

bolical than beneficent. Personal liberty to infect a church with a diphtheritic corpse is tempting Providence to start an epidemic."

Penalties are prescribed for a violation of the ordinance by the householder or physician. Where the violation is willful we hope the penalty will be rigidly enforced. If any physician should, from pressure of business, fail to report any cases within the time specified by the ordinance, the report should nevertheless be made afterward. The report should, however, bear its correct date. We believe that in such a case a fine would not be imposed. The report should, however, be made in order that the record of cases may be complete. We trust, however, that the physicians of Baltimore will not need the lash of the law to compel the performance of a clear moral and legal duty; but that they will be ready and willing to do all in their power to aid in making this city what it should be, the healthiest large city in the country.

THE AMERICAN PUBLIC HEALTH ASSOCIATION.

The tenth annual meeting of the American Public Health Association was held at Indianapolis, on October 17, 18, 19 and 20. The number of members in attendance was much smaller than during the last three or four preceding meetings, but the general average of the papers read was fair. None of the scientific work done was of exceptionally good quality. The social features of the meetings at Richmond, Nashville, New Orleans and Savannah and which added so much to the enjoyment of those meetings, were conspicuous by their absence at Indianapolis. We have referred in a previous number of the CHRONICLE, to the unfortunate complication occasioned by the appointment of an unpopular committee of reception and arrangement, but we have as yet seen no cause to change the very decided opinion we then expressed regarding the bigotry of the members of the medical profession of Indianapolis.

A most important change was made in the constitution of the association, providing for two classes of members, active and associate. We are convinced that this change will result in benefit to the association.

The National Museum of Hygiene, under the direction of the Surgeon-General of the Navy, received the endorsement of the association. We have before called attention to this important project which has been through the action of Congress, placed upon a secure foundation. It is to be hoped that the Marine Hospital

Service, which seems to long for the control of all sanitary institutions in the country, will be content to allow the Museum of Hygiene to remain under its present supervision.

A series of very strong resolutions in endorsement of the course and work of the National Board of Health was adopted. The recent action of Congress, which crippled the efficacy of the Board, limited its action and turned over its legitimate service to another department of the government was deplored. The drift of opinion was almost unanimous in support of the National Board of Health.

The committee on Legislation for the prevention of Venereal Diseases, made a strong report through its chairman, Dr. A .L. Gihon, U. S. Navy. The association had given indications at several of its former meetings, that it was prepared to occupy advanced ground upon this question. But under the advice of a ruling spirit of the organization a long step was taken—backward. We do not desire to question the motive which prompted this advice, but we believe the advice itself was bad. By smothering the report of this committee—the most important special committee of the association—the association has placed itself "in the nine holes," as it were, so far as this question is concerned, and it now occupies a relation towards it similar to that of the American Medical Association. In the latter body a few earnest workers in the cause of the sanitary treatment of venereal diseases had labored earnestly and faithfully until success seemed to be in the near future, but prejudice, bigotry and timidity buried their results among the mass of other papers "on the table." The same fate has befallen the kindred committee of the Public Health Association. We deplore its demise for it had given promise of ultimate success. We hope, however, it will secure a new lease of life and go to work again with renewed energy. Dr. Gihon deserves much credit, for he struggled long against many obstacles and positive rebuffs, which would have disheartened any one not imbued with the consciousness of his purity of motive and the spirit and energy of the true reformer.

The next meeting of the association will be held in Detroit.

Dr. E. M. Hunt of New Jersey was elected president for the current year, and Dr. J. B. Lindsley of Tennessee was re-elected Treasurer for his fourth term.

Dr. John Morris, whose enthusiasm for sanitary matters seems to increase by what it feeds on, was the only Baltimore physician present at the meeting.

FLOTSAM.

Dr. Henry Albers of Baltimore died in this city on October 7, seventy years of age.

Dr. J. J. Woodward, U. S. A. has returned home from abroad, without improvement in health.

Dr. E. Cleveland Coxe, died at Baltimore on the 13th of October. Dr. Coxe was only 32 years old at the time of his death.

All the articles in the Medical Chronicle are written exclusively for its pages; its contents are not selected from other journals.

Dilute phosphoric acid, and Horsford's acid phosphate are recommended by Dr. T. D. Crothers in the disorders resulting from inebriety.

It was decided at a meeting of the trustees of Johns Hopkins Hospital, held on November 15, to formally open that institution not later than the Autumn of 1885.

How to "administer" massage, is described by Dr. Douglas Graham in a very interesting and instructive paper in *The Popular Science Monthly* for October. There is a very widespread lack of knowledge among physicians on this subject, which the above paper seeks to remove.

Guerin treats the diarrhœa of infants by adding half a teaspoonful of charcoal powder to a bottle of the milk in the nursing bottle. The milk is diluted with about one-half of its bulk of sugar and water. The greenish stools disappear in a few days and become normal in color and consistency.

An interesting essay on *Eccentricity and Idiosyncrasy* is published in the *N. Y. Medical Journal*. It is a chapter from Dr. Hammond's treatise on Insanity, in the press of D. Appleton & Co. In passing, we may mention that the *Journal* will be published as a weekly, after the first of January. We wish it all the success its superior merit deserves.

Lindsay and Blakiston's Visiting List, the old favorite, has been received from the publishers, through Messrs. Cushings and Bailey. The following new features have been added in the edition for 1883: A new table of poisons and their antidotes; The Metric system, and a complete posological table in which the apothecaries weight and measures and the metric equivalents are placed in jnxtaposition. To recommend this handy pocket-book would be purely a work of supererogation.

Another visiting list that is annually increasing in favor is *Walsh's Call Book and Tablet*, published by Ralph Walsh, M. D., Washington, D. C. The issue for 1883, which has just been received contains a large amount of valuable information. Among the tables are, one giving the number of drops of various liquids in a fluid drachm, one to regulate the dose of medicine to be given to children, abbreviations, poisons and their antidotes, a posological table and all the usual variety of things worth knowing that are looked for in such a hand-book.

Two successful cases of removal of the uterus and appendages, for large fibroid tumors of the uterus are reported by Dr. F. H. Gerrish of Portland Me. A pleasant feature of Dr. Gerrish's report is the cheerfulness and even warmth, with which he mentions the valuable services rendered in the after treatment of the cases by his assistants and nurses. It is unfortunately too frequently the case that operators consider the successful cases as altogether due to their skill, while the unsuccessful ones are all charged to want of care on somebody else's part during the after treatment.

THE

MEDICAL CHRONICLE.

BALTIMORE, JANUARY, 1883.

ORIGINAL ARTICLES.

ARTICLE I.

STRICTURE OF THE RECTUM.

By PHILIP S. WALES, M. D., Surgeon General U. S. Navy, Washington, D. C.

[Continued from December Issue.]

PROGNOSIS.

The prognosis of stricture will depend upon the origin of the disease, the progress it has made, its position and its early recognition. Simple stricture of limited extent with slight thickening of the muscular walls, and moderate contraction, especially when not beyond the reach of the finger, offers promising results by continuous and well-directed treatment. The prognosis, on the other hand gains very grave significance with the occurrence of ulceration and impairment of the constitutional powers. But it is remarkable how long the general health remains apparently undisturbed in some cases, and even after complete obstruction, life has occasionally been prolonged many weeks. De Leon* records a case of this sort in a pregnant woman of twenty-five years of age who lived ten weeks and gave birth to a dead child of seven months just before death, and Salmon† another, in which the patient survived fifteen weeks.

Although the stricture may have been fully dilated with the most

*Am. Journal Med. Science, vol. 2. p. 330, 1828.

†Essay on Stricture of the Rectum, p. 256, 1833.

marked improvement in the general condition and complete amelioration of the symptoms, yet the patient will have to persist, even for years, in the use of the bougie, to obviate the great tendency to a renewal of the contraction.

Syphilitic strictures are obstinate but they may be palliated by judicious treatment. White* says that the cases he had encountered were all in females and uniformly proved incurable; it is astonishing how many years patients will labor under this form of the disease before it proves fatal. Gosselin attributes the difficulty of effecting a cure to the fact that, in the first place, the new fibrous tissue which constitutes the stricture, do what we may, will retain its retractile character, even under the influence of repeated dilatations. It may be softened and become a little more extensible, but the bowel will never regain its normal capacity; in the second place, the purulent discharges, which originate from ulceration extending far above the stricture, cannot be checked, and tend to consume the constitutional powers, both by the exhaustion which they cause and by poisoning the blood by absorption.

Malignant stricture presents the worst prognosis both as regards amelioration and prospects of life. The *scirrho-contracted* rectum, as it was denominated in the beginning of the present century, was regarded as a condition beyond mortal aid, and uniformly fatal. Sherwin,† in speaking of it, says that it comes on in the most gradual and imperceptible manner, slow in its progress, but terrible in its consequence; it yields not to medical assistance, but must, under the best management, become ultimately fatal. It however admits of palliation, and if early discovered will also admit of the last moments of the patient being rescued from unavailing, mistaken and harassing attempts to cure. Dupuytren‡ also alluded to these cases when he made the statement that "bougies give relief, but do not effect a cure," and substantially the same language was used by Colles‖ who asserts that he felt confident that "a perfect cure of the organic stricture of the rectum has not been effected by any plan of treatment hitherto employed;" that he had paid great attention to the use of bougies, and candidly declared that he had not been so fortunate as to effect a permanent cure in a single instance, nor

*Op. cit, p. 7.

†Memoirs of the London Medical Society, vol. 2, 1789.

‡Lesions of the vascular system, &c,, Sy. So. Pub., p. 156, 1854.

‖Dublin Journal Medical Sciences, vol. xvii, p. 86.

had he the good fortune to meet with any patient whom he knew to have been afflicted with the disease who had been cured by another surgeon.

It may also be stated that none of the various surgical procedures involving incisions have produced a radical cure in confirmed syphilitic stricture, or done more than to alleviate the sufferings from obstruction, in the malignant variety. Sudden and fatal impediment may occur in simple stricture by the accidental lodgment of hardened fecal matter or of some foreign body, as the seeds of fruit, a cherry or plum stone, or a bone.

The most satisfactory cases are those of congenital origin, which are often radically cured by timely incision before organic changes have as yet been induced in the rectal walls.

TREATMENT.

In the treatment of stricture of the rectum recourse must be had to both general and local measures. The accumulation of fecal matter should be avoided by the occasional use of mild laxatives, such as castor-oil, and by enemas of warm water. The habitual administration of active cathartics ought to be condemned as calculated to induce undue irritation in the bowels and aggravation of the disease. The most favorable influence may be exercised upon the gastro-intestinal canal and the general health by special attention to the diet, which should consist of vegetable and nourishing articles. Among the best of these may be mentioned milk, broths and beef tea, which, besides their alimentary value, yield the smallest amount of fecal residue to embarrass the bowels. Rest is an important adjunct in the management of these cases. The general health may be improved by the administration of the bitter tonics, iron, cod liver oil and arsenic, and the use of sulphurous and alkaline baths. In the earlier stages of syphilitic stricture, advantage may be expected to accrue from specific treatment with potassium iodide and mercury, but when the normal tissues of the rectal walls have been replaced by, or thoroughly infiltrated with neoplastic material, little if any benefit can be derived from it. Cornil* says that these agents are absolutely without effect against such strictures.

Local treatment has for its object the enlargement of the contracted bowel, and the removal by absorption of inflammatory products deposited in its walls. Several procedures have

*Legons sur la syphilis, p. 413.

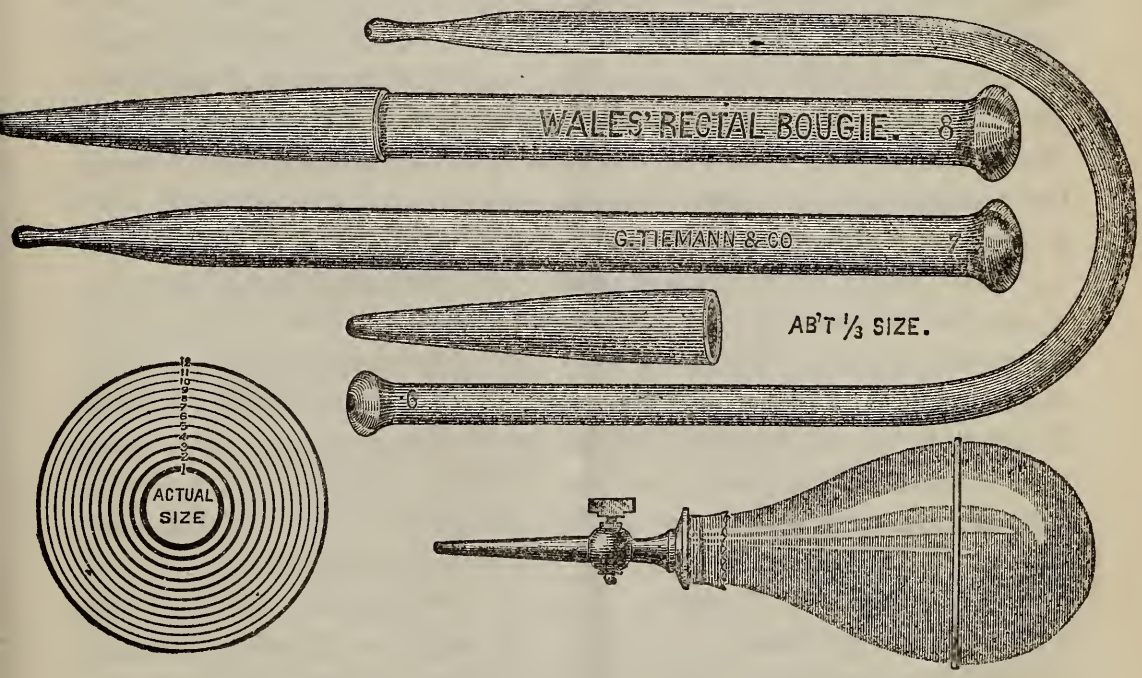
been employed to accomplish these objects, as resolvent applications, electricity, dilatation, incision and excision. When the stricture is irremediable by these means, as a *dernier resort*, the establishment of an artificial anus by colotomy has found favor with certain surgeons.

Dilatation was frequently resorted to at an early period, with the double object of securing the mechanical effects of stretching, and at the same time the influence of certain ointments supposed to possess resolvent virtues, and which were smeared upon the instruments introduced into the rectum. The intention was to secure a gradual dilatation, and hence various porous materials were selected for the purpose, which, by the absorption of moisture, slowly enlarged and pressed upon the stricture. For this purpose Dessault was in the habit of using tents of lint, knotted and folded in the middle, smeared with cerate, and pushed into the rectum with the assistance of a forked probe. He relates several cases successfully treated in this manner. Sir Charles Bell recommended tents of rolled lint; Wiseman, of gentian root; and Curling, of sea tangle, or *laminaria digitata*. According to Esmarch,* in Germany and England, this plan, having fallen into merited neglect, bougies made in various ways have been substituted. The ordinary mode of preparing elastic bougies was with a woven silk sac, covered with linseed varnish, and filled with wax. The rigid character of the larger sizes of these instruments induced many surgeons to abandon them for the wax bougie made by rolling up linen saturated with wax into a cylinder. The sort in general use in this country, under the name of "English rectal bougie," up to the time of the introduction by myself of those made of pure gum, was prepared in this manner, with the addition of a spiral of iron wire in the larger sizes. The pain and danger inseparable from the use of these stiff, inflexible instruments were early recognized in England. White abandoned them for a bougie made by dipping a long piece of lint into a mixture of wax and lard. Curling employed bougies made of wax and elastic gum webbing. Ashton says "bougies are made of various substances—metal, wood, cloth covered with plaster, and elastic gum; only those formed of the last two materials should be used when the stricture is not close to the anus." He gives the preference to the elastic gum bougies made of gummed webbing, which are

*Handbuch der allgemeinen and speciellen Chirurgie, vol. 3, p. 109.

more flexible than those usually sold in the shops, formed of plaster. Other surgeons have employed instruments made of hard wood, metal and gutta percha.

With the view of obviating all possible objections to mechanical dilatation, I devised, for the first time, in 1876, rectal bougies made of *pure gum*, (not, as heretofore, of gummed cloth webbing, or other materials) of exceeding flexibility, smoothness, and varying in size. A conduit runs through the centre, and terminates



in the point of the bougie, for the purpose of commanding a stream of water that might be required at any moment to facilitate the introduction of the instrument. The points of the bougies are made in various shapes, spherical, conical and olivary, with the view of meeting the necessities of special cases. The surface is perfectly polished, which, by reducing friction, increases the facility of introduction, and eliminates the unpleasant sensation of dragging caused by a rough instrument.

The method of introducing the bougie is simple. The patient, after the bowels have been cleaned out by injection, is placed, reclining on his left side, upon an ordinary operating table, the thighs flexed, and the buttocks just overhanging its lower edge. The smallest sized instrument likely to pass the stricture is smeared

with grease, its point inserted into the anus, and gently pushed onward in the following manner: The right hand grasping the bougie close to the anus, the whole perineum is pressed upwards, which will advance the point of the instrument; the left hand now steadies it, while the right is slid downwards for a lower hold, the perineum, of course, settling with it; the bougie is again pushed forward in the same manner until the obstruction is passed. I have occasionally found that this maneuvre may be greatly facilitated by sinking the fingers of the left hand deep into the left iliac region, and drawing upwards, as though an effort was being made, so to speak, to stretch out the sigmoid flexure, while pressure is maintained at the same time upon the bougie in the manner described. Another practical point of prime importance is to employ a stream of water, as warm as can be comfortably borne, propelling it through the conduit of the instrument, whenever its point is arrested from any cause. The water, flowing from the distal aperture, will distend the bowel, efface its folds, and break down any hardened feces which may exist, obstructing the ascent of the bougie. An assistant may manage the syringe, throwing in the water in such quantities as may be needed, while the operator is engaged with the bougie. It must be borne in mind, however, that no great volume should be used at once, otherwise the bowel will be excited to energetic contraction, and compel the instrument to be withdrawn before it has been properly lodged. In preliminary trials, the bougie may be permitted to remain two or three minutes, and afterwards, when greater tolerance is established, a longer stay may be allowed. I rarely exceed five minutes in any case, even when the patient makes no complaint of irritation or pain. After several introductions of one size of the bougie, say number seven or eight, the next largest may be taken, and so on, until the stricture has been sufficiently dilated.

The application of the instrument may be repeated twice or thrice a week, according to circumstances, such as the irritability of the rectum, temperament of the individual, and intercurrent attacks of diarrhoea or other trouble. Twice a week, in my experience, suffices in most cases; a fortunate issue, if attainable, can only be brought about by patient and prolonged treatment.

Rudeness or violence inflicted with the view of hastening the case, can effect nothing but harm, and may jeopardize the life of the patient. If the instruments be hastily thrust

into the bowel it may be perforated, especially in those cases in which inflammatory softening or ulceration exists; or if it be too large, the rectal mucous membrane may be ruptured, giving rise to smart hemorrhage; or the entire wall of the bowel may be ruptured into the peritoneum, an accident that is pretty sure to be followed by peritonitis, with all of its attendant dangers. But these funest consequences are infinitely less liable to follow the use of India rubber bougies than of any other sort, for certainly, *a priori*, nothing could furnish a milder, more equable and less dangerous force than these; and experience shows this to be the fact.

It often happens that, after the most patient devotion to this method of treatment, the bowels do not regain their functions, even after the largest size bougie has been passed with ease. This result is due in part to the long continuance of the expanded condition of the bowel above the stricture, by which its muscular walls have been more or less paralyzed.

A very gentle pressure can also be obtained by converting the bougie into a dilator. For this purpose, I had each bougie provided with a gum sheath which accurately fitted it. Thus prepared, by adjusting a rubber bag or an ordinary syringe to the butt of the bougie, air or water may be thrown into the sheath its whole length, or into any section of it, by tying a silken ligature about the instrument at the point to which it is desired to restrict the dilation. It is not desirable to distend the sheath largely, not more than will represent the diameter of a bougie two sizes larger than the one in actual use. The sheaths under this degree of pressure will expand uniformly or cylindrically, while a greater degree will cause it to bulge irregularly, or burst it. In the latter case, however, there is no danger, as a low thud and a peculiar sensation felt by the patient at the moment announce the accident, and may alarm nervous persons. The amount of pressure above stated is all-sufficient, and, therefore, those instruments, of which there are numerous forms, specially contrived to gain great mechanical power, are both unnecessary and dangerous. Since I first brought to the notice of the profession rectal bougies made of pure gum, I have used them many hundred times, and they are employed now, I believe, to the exclusion of all others. I have neither myself seen any inconvenience or dangerous results follow, nor have I

heard of any accident occurring in other hands. Some of my friends had, however, expressed a suspicion that, being so soft and flexible, they were likely to deceive by doubling in the intestines instead of slipping along the mucous membrane; but in all cases, except in very adipose subjects, when the bougie is properly lodged, it can be felt through the abdominal walls lying straight along the lumen of the bowel. I have not as yet seen the bougie perform the whimsical caper of knotting, which occurred in one of my cases in which I had used a long, flexible tube, such as is ordinarily found in connexion with the stomach pump. It was passed eighteen inches into the bowel, and, as I supposed, stretched out its full length. On attempting to withdraw it, resistance was felt, which required no little tractile force to overcome. The difficulty was at once apparent; the tube was tied in a single knot.

Forcible dilatation has been practiced, but has few advocates at the present time. It is dangerous in itself, is liable to excite rectal or peritoneal inflammation, and possesses no advantage over other methods. Allingham* relates the case of a young woman suffering from stricture about three inches from the anus, which was forcibly stretched by Todd's dilator. A short time afterwards a great discharge of blood took place upon going to stool, which caused her to faint, hemorrhage recurring when reaction set in. The rectum was plugged with a large piece of sponge thrust into and beyond the stricture, and the space below packed with wool. The hemorrhage was arrested, the dressing remaining in three days, causing very considerable pain.

There are various mechanical contrivances that have been devised for this purpose, but they are now discarded. Among the best known are the dilators of Arnott, Todd, Gariel, Costellar and Bushe. Curling saw a bowel bursted by a surgeon with one of these instruments, and the patient died. In obstinate stricture Curling employed bougies made of sponge coated with tallow.

Incision, or rectotomy, has long been favorably known to surgeons as furnishing, in properly selected cases, most striking and satisfactory results. In certain conditions, employed alone, or in conjunction with dilatation, it has effected permanent cures; and in other conditions, where the ravages of disease are widespread, or where it presents malignant characters, so as to baffle all other means

*Op. Cit., p. 210.

of relief and to render life intolerable, recourse to judicious incisions has often secured not only exemption from the horrible sufferings of complete obstruction, but even, in necessarily fatal cases, from discomfort and inconvenience. The operation thus offers curative and palliative results in a wide range of cases; but, like all other surgical procedures, it has its limits of application, and requires the exercise of skill and judgment in its use to individual instances. The fundamental idea, in all cases, is to secure by incision a division of the stricture, and this may be done in different ways and by several means. In regard to the method, the incision may be made through the stricture with the knife without involving the sphincter—internal proctotomy; or, at the same moment, in addition to the division of the stricture, to carry the knife through the sphincter and perineum towards the coccyx—external proctotomy. The first operation is quite ancient, but the latter modification dates from a more recent period, and the merit of its introduction is usually referred to Nelaton, though, according to Godebert, it was employed in 1838 by Stafford, while others accord the merit to Humphreys.* Among the ancients the treatment of rectal disease in general was characterized by the utmost freedom of recourse to the severest surgical processes, if we are to believe that the statements of Hippocrates either represented or influenced the prevailing practice. He says: "Rectum enim intestinum et secans, et resecans, et consuens, et urens, et putrefaciens etiamsi gravissima, haec esse videantur, nihil laeseris." But the fact is, comparatively little was known of their nature, diagnosis and treatment until the beginning of the eighteenth century. Without doubt, had stricture by any accident been discovered in those times, it would have been incised, and perhaps many were thus treated, of which we have no record. The earliest case I can find is that reported by Wiseman.† He gives the history of a man who suffered from perineal abscess, resulting in fistula, which was treated by both knife and ligature. As the wounds healed, stricture formed, "about an inch or more within the rectum." Dilatation with tents made of gentian root and deer suet was tried first, without avail. "The bowel being choked up," he says, "our work was the dividing the callus which made the stricture, which we did by an instrument made for the purpose, with which, without

*Association Medical Journal, p. 21. 1856.

†Severall Chirurgicall Treatises, London, 1676, p. 237.

hurting the intestine, we cut through in several places, making the opening so large that the excrements came away big; and by the injecting of *ol. lubricorum*, cured the wounds in a few days after, and left him at liberty; yet, within this twelve months, twice we have enlarged it, and by the instrument we designed, it may at any time be helped without hazard of wounding the sound parts near it; but, since the last incision of it, it hath continued open, and, upon a late search with my finger, I could see nothing of it."

In the above case the obstruction was seated near the anus, and there could have been no doubt as to the judiciousness of the operation performed, as there was neither danger nor difficulty to weigh against the hoped-for advantage of free issue to the feces. As regards internal rectotomy, the chief points in considering the applicability of the knife to non-malignant stricture are two—its height and its width. The higher it is situated, the greater the difficulty and danger of incision, and I am not aware that any case has been recorded in which a stricture beyond the reach of the finger has been so treated. Its situation decides the propriety of internal rectotomy for many surgeons, as Quain, Mayo, Salmon, Syme and Bushe,* and the practice recommended by them is set forth by the latter. "When the stricture is near the anus, narrow and firm, the surgeon may hook it down with his finger, and then partially divide it in two, three or more points with a hernial knife." Even when located higher, its incision was recommended as not presenting either difficulties or dangers by Howship, Copeland and Calvert,† the latter of whom speaks, in very decided terms, as follows: "When the stricture consists of a narrow, indurated septum within reach of the finger, and the bougie either does not agree or is a long time effecting the dilatation, the best and shortest method is to divide it in the direction of the sacrum, and with a probe-pointed bistoury . . . . . it is not attended with any danger, either from inflammation or hemorrhage; . . . . . the division may be performed in one or more directions, but sometimes it answers the purpose equally, and is safer to divide the stricture towards the sacrum only."

[To be concluded.]

*A Treatise on the Malformations, Injuries and Diseases of the Rectum and Anus. New York, 1837.

†Practical Treatise on Hæmorrhoids or Piles, Strictures and other important Diseases of the Urethra and Rectum. London, 1824.

ARTICLE II.

TEN CASES OF SECONDARY HEMORRHAGE.

By OSCAR J. COSKERY, M. D.,
Professor of Surgery, College of Physicians and Surgeons, Baltimore.

[Read before the Medical and Surgical Society.]

CASE I.—A private belonging to a New York regiment was shot in the upper lip, just below the right *ala nasi*, the ball coming out on the right side of the neck, between the *trapezius* and *sterno-mastoid* muscles. Frequent hemorrhages, of different degrees, but generally small, took place through the mouth. On consultation, it was decided to tie the internal carotid artery, that being the vessel injured, in the mind of the gentleman who was going to operate. The operation was very skillfully done, but the patient died on the table. A post-mortem revealed a cleanly-cut wound of the *external* carotid, just outside of the right tonsil.

CASE II.—A member of an Ohio regiment had his thigh amputated in the middle third. Oozing continued pretty steadily until some four days after the operation, when it became so profuse as to call for interference. The flaps were opened up, and surfaces exposed to the air, when all bleeding ceased. The wound was allowed to glaze, flaps again brought together, and hemorrhage never recurred.

CASE III.—A phagedenic sloughing of wound of palm of hand, produced by gun-shot. The application of per-sulphate of iron was unsuccessful, and a graduated compress of charpie forced deeply into the wound was followed by complete recovery.

CASE IV.—An amputation of the shoulder joint where the ligature came away from the axillary artery on the tenth day, and secondary hemorrhage occurred on the eighth day thereafter, or eighteen days after the operation. The patient bled to the extent of half a pint, and bleeding was then controlled by pressure upon subclavian on upper border of first rib. This pressure was continued for half an hour, and the bleeding never returned, the patient completely recovering.

CASE V.—A young man received so severe a crush of the left arm and wrist as to necessitate amputation of the fore arm. This was done after the application of Esmarch's bandage. During the recovery from chloroform, bleeding came on; the flaps were opened

up, and an artery which had not bled, nor been seen during the operation, and which lay between the *flexores sublimis* and *profundus* muscles, was tied. The flaps were again brought together, and the patient did perfectly well.

CASE VI.—A young colored man from whom I removed a fibro-cartilaginous tumor situated in the right side of the neck, and which weighed 3 lb. 10 oz. Nearly three hours after completion of operation hemorrhage came on, and was only arrested by the application of four more ligatures. The patient left hospital, nearly well, twenty-one days after the operation.

CASE VII.—For compound dislocation of right astragalus inwards, amputation of middle third of leg was done. The ligatures held badly, three attempts upon the anterior tibial, and four upon the posterior tibial, being made before the strings stopped cutting through. A small bleeding occurred within twenty-four hours, a larger one inside of twelve hours more, and another within twelve hours more. Having found out by this time that my patient was a subject of hemophilia, in consideration of the brittleness of the artery in the site of the wound, and of the condition of the patient (asthenic traumatic delirium), the treatment was beset with difficulties. The bleeding was clearly from the *posterior tibial artery*. Half a drachm of powdered *sub-sulphate of iron* was stuffed up some distance behind the tibia, a graduated compress applied, the flaps not brought together, but a tight bandage put on over the leg and compress. The patient never bled again, all other ugly symptoms ceased, and he is now going about on an artificial foot, nearly two years after the accident.

CASE VIII.—A young man had an ununited fracture of the lower third of left leg. Resection of both bones was done. Everything seemed to be going on well, when, falling again, and getting the ends of the fragments in bad position, he lost heart, and would have nothing further done. When I saw him first, three years after the original injury, the condition was as follows: The sole of the foot looked towards the right leg, and the lower third of the left leg was firmly united to the upper portion at a right angle. The foot was, of course, useless. Amputation was done just above the deformity, but, like the foregoing case, several applications of the ligatures were made before they held. On the second day thereafter some oozing was

noticed, and on the third day a copious hemorrhage took place. The flaps were opened up, a mass of soft tissue, in which could be seen the bleeding point, was dipped for with the tenaculum, and tied, and the patient got well without further bleeding.

CASE IX.—A medical gentleman of this city, aged 43, while out on the western plains four years ago, first noticed a small sore situated just below the lobe of the ear. This sore soon developed all the typical appearances of epithelioma of the skin, and when I first saw him, in the early part of last September, there was a large ulcerated surface upon the right side of the neck, extending from above the level of the concha (the ear itself had almost disappeared), to near the clavicle, two inches wide in its widest part, and fully three-quarters of an inch deep. Two weeks before admission into hospital a profuse bleeding had occurred. Within a week, while making a slight effort, another bleeding took place, which was easily controlled by pressure with the finger. Hemorrhage recurred at intervals, every time easily stopped by the finger and graduated compress, until death took place from exhaustion. Ligation of the common carotid was not performed for obvious reasons.

CASE X.—A young man, 17 years of age, last April was thrown from a horse out in Indian Territory, receiving a compound comminuted fracture of the right ankle joint. Union took place with great deformity, and the case came to closely resemble in deformity and uselessness case No. 8. Amputation was done; some difficulty was experienced in holding the interosseous arteries in the ligature, and slight oozing took place. On the fifth day, hemorrhage, arterial in character, took place to the extent of over a gill, which was controlled by pressure upon the femoral artery, continued for nearly fifteen minutes. Bleeding has not recurred, and the boy is now convalescing.

Of these ten cases, two, Nos. 5 and 6, might be considered as cases of consecutive hemorrhage, and not of secondary hemorrhage, but I have thought well to introduce them. While all were under my immediate care, in the first one only were any operative procedures carried out by any other than myself. Two cases died—one from bleeding from the external carotid artery, the other from the internal carotid. In one case, No. 2, simple exposure of the flaps to the air was sufficient. In three cases, 3, 7 and 9, compression at the bleeding point

was resorted to, in one, assisted by powdered sub-sulphate of iron. In two, 4 and 10, pressure between the heart and point of hemorrhage was adopted. In three, 5, 6 and 8, opening the flaps and tying in the wound was successful. In one case only, ligation of what was supposed to be the bleeding vessel, the internal carotid artery, was done in its continuity—unsuccessful.

THE CLINIC.

ENUCLEATION AND OPTICO-CILIARY NEUROTOMY.

CLINICAL LECTURE DELIVERED AT THE COLLEGE OF PHYSICIANS AND SURGEONS, BALTIMORE.

BY A. FRIEDENWALD, M. D., Professor of Diseases of the Eye and Ear.

The patient who presents himself to us now, has lost his right eye, in consequence of some diseased condition to which he fell a victim in his early infancy. He is now about thirty years of age, and it is only quite recently, barring the loss of vision, that he has suffered any special inconvenience therefrom. He tells us that the trouble of which he now complains, began about six weeks ago. It consists of an annoying pain which is associated with every movement of the eye-lid. On inspecting the damaged organ, we find the anterior portion of the eye-ball occupied by a diffuse, bluish discoloration, showing that the cornea has been assailed by a very severe form of ulceration, in consequence of which a large extent of its tissue has been sacrificed, and what has been preserved thereof has become intimately blended with the iris, while the lost part has been repaired by cicatricial tissue.

The parts occupying the place of the healthy cornea evidently do not possess an adequate power of resistance, for they show that they have become decidedly more prominent, denoting that they have been forced to yield to the intra-ocular pressure. We find further that this tendency to yield to the pressure from within has not been restricted to the part originally assailed, but, by an extension of

disease, different parts of the sclerotica have been thinned; and, finally, they also have been forced to give way, establishing an unevenness of the surface of the eye-ball, by which the patient's discomfort can satisfactorily be explained.

But we must go a step farther in examining the patient's condition. It is a most important inquiry that we shall now make. How fares his other eye? We ask this question because experience unfortunately teaches us that when an eye has been destroyed by either injury or disease, the sound eye remains constantly threatened by implications of the most serious character. Our patient, although he has not spoken of his sound eye of his own accord, describes certain symptoms, after we have directed his attention thereto, which we cannot contemplate with indifference. He tells us that the eye has become weaker; that employing it for prolonged work causes a feeling of fatigue, and that it has become decidedly more sensitive to light, although he has not experienced any appreciable diminution in its usual power.

What is it that need alarm us in this statement? When a sound eye becomes damaged in consequence of an influence that has been communicated to it from a diseased partner, it will be by means of an inflammation, either of the iris, or of some still deeper situated parts, being established. Fortunately, however, the inflammation does not always report itself abruptly. Very frequently the inflammation from which we have to apprehend so much is preceded by just such symptoms as our patient presents.

The diseased conditions by which a previously sound eye has consecutively become involved have generally been termed sympathetic ophthalmia. It is of great practical importance that the symptoms which manifest themselves during the course of such a trouble have been classified into a group, which is recognized as sympathetic irritation, and a more advanced group, termed sympathetic inflammation. The symptoms that characterize the stage of irritation consist of an increased sensibility to light, a feeling of discomfort on using the eye, bright flashes of light, and not seldom a slight impairment of vision. When inflammation becomes established, we generally discover an iritis, although the still deeper tissues of the eye may be primarily attacked. The iritis which we mention in this connection has a quite different significance from the ordinary forms of this disease, for in the latter, if we are fortunate

enough to assume the treatment in the incipient stage, we can almost invariably consider the prognosis favorable, while in the former we generally encounter irresistible defiance in the very commencement; and the cases are to be regarded as extremely exceptional in which a certain amount of useful vision has been preserved, after the inflammation has subsided.

The disastrous results of a sympathetic inflammation may establish themselves very soon after the first eye becomes affected, although the patient should not be considered safe even if quite a long number of years have elapsed during which the sound eye has enjoyed immunity. I have seen a patient rendered totally blind by sympathetic inflammation, where the first injury was received forty years before the second eye became involved. The facts, therefore, in the case before us, viz., the slight amount of trouble existing in the same eye, and the long time that has elapsed since the original disease was incurred, do not justify us to look unconcerned at the danger which threatens the patient. At any moment he is liable to be seized with a most destructive form of inflammation. What, then, is best to be done? There is only one truly reliable means by which we can place him in a condition of security. We must remove the offending organ. By this means we inflict, it is true, a very undesirable degree of mutilation, which loses much of its horror, however, in the improved method which modern surgery avails itself of.

The operation which we employ accomplishes the removal of the eye-ball without sacrificing any other parts. The conjunctiva being preserved, furnishes a sac which is well adapted for the wearing of an artificial eye, while the muscles which are left so attach themselves to the rest of the orbital tissue that very satisfactory movement is obtained. The patient, thoroughly realizing the advantage which the operation offers—viz., of ridding him of a deformity, besides preserving the integrity of his left eye—is anxious to have it performed. We shall first place him thoroughly under the influence of chloroform, and then prepare the way for further steps by placing in position the speculum. The fixation forceps will then be made to lift a fold of the conjunctiva corresponding to the insertion of tne internal rectus, and vertically incised; through this incision the blunt hook is introduced, and the tendon of the internal rectus muscle is brought to view. This should be cut in a manner that permits a small portion of it to remain attached to the sclerotica, so that,

thereby, the position of the eye-ball in the further steps of the operation can be satisfactorily controlled. The incision in the conjunctiva is to be carried all around the cornea, after which the superior, external and inferior rectus are to be detached at their points of insertion in the sclerotica. The stump of the tendon of the internal rectus which shall have been left is to be seized with the fixation forceps, and the eye-ball shall be drawn forcibly outwards, when, with a pair of stout, curved scissors gliding backwards upon the sclerotica, the optic nerve is to be cut, which will permit the lifting of the eye-ball out of the orbital cavity, when the tissues still attached are to be cut close at their insertion.

This operation is one with which you should all be thoroughly familiar. Many of you will in the future practise in parts of the country where your patients cannot avail themselves of the services of specialists. The occasion may often present itself when this operation may be urgently demanded, and, unless you are prepared to perform it, you will make yourselves responsible for the grave consequences that shall follow. It is an operation that does not require much skill, and is almost entirely devoid of danger.

Gentlemen, after having performed the operation just described, I present another patient, whose condition is somewhat similar to that which we observed in the patient just dismissed, and still there are some points of difference in this case, which will not only permit, but really demand, a modification of the treatment.

This patient is a laboring man, about forty years of age; received an injury in his eye about six months ago. He suffered a great deal of pain, and, although it gradually subsided to some extent, he has not been entirely free from pain since. During the last two weeks he has been overwhelmed by an exacerbation which has driven him from his work, and now he begs for speedy relief.

On examining his eye, we find that the cornea of his right eye received the first effect of the injury, which has consecutively extended to the iris, and, finally, to the deeper tissues; to a degree involving its complete loss of vision. But, with all this, his eye still maintains a presentable appearance, and if it could be made harmless, short of its removal, we would be rendering him a great service, for he is not in a position to supply himself with an artificial eye. Should he be forced to submit to the enucleation of the eye-ball at this time, he would not only have to suffer the mortification that such a mutila-

tion would naturally entail, but the would also be placed at a disadvantage in applying for work. For employers are not especially noted for a preference to the maimed. This, therefore, proves to be a case in which, par excellence, optico-ciliary neurotomy is indicated.

This operation has been introduced in ophthalmic surgery during the last few years. It seeks, by a division of the ciliary nerves, both to relieve the injured organ of pain, and to cut off the line of communication, through which deleterious influence is carried to the sound eye, the division of the optic nerve being simply anatomically unavoidable. When this operation is employed, and fully meets the purpose for which it was performed, it offers advantages over enucleation besides what has been mentioned in connection with our patient's case. The advantages to which I refer being mainly the avoidance of the disadvantages which necessarily associate themselves to a more or less extent with the wearing of an artificial eye. The presence of an artificial eye in the conjunctival sac, though the fact is not generally recognized, causes more or less irritation. Under the most favorable circumstances, a condition of catarrhal conjunctivitis is established. In these cases there presents itself a more or less considerable and abnormal secretion, which has often to be removed, or, parting with its liquid portion by evaporation, may leave an ugly-looking deposit upon the artificial eye. Under unfavorable circumstances, such a diseased condition of the conjunctiva will have been effected as to cause it to shrink more and more, until there will not be sufficient room left for the introduction of the artificial eye. Again—and this possibly may be due to a faulty selection—excrescences will shoot up from the sulcus in which the artificial eye has rested, which may increase in their dimensions so as to force the patient to lay the artificial eye aside.

Unfortunately, optico-ciliary neurotomy will not ensure perfect safety in every case, either from the fact that some of the nerves have escaped division or have subsequently reunited. But experience has, upon the whole, been sufficiently satisfactory to justify its employment when the injured eye is not seriously disfigured; for if it fail to secure the expected protection to the sound eye, enucleation may subsequently be resorted to.

There are certain cases which from the first will preferably demand enucleation. When the symptoms in the sound eye assume a threatening character, we should not rely upon the division of the

nerves, and in cases of intra-ocular tumors, the eye must be removed under all circumstances.

Optico-ciliary neurotomy is performed either by making a vertical incision in the conjunctiva, and separating the internal rectus muscle from its point of attachment in the sclerotica, thereby gaining an avenue through which the optic and ciliary nerves may be reached by a pair of scissors curved on the flat, the detached tendon to be reunited by a suture, or the nerves may be approached by way of an incision through the conjunctiva, avoiding injury of the muscle altogether.

I shall perform the operation in the following manner: I shall first place the patient in a condition of perfect anesthesia, and secure wide separation of the eyelids by means of the speculum. Next, I shall make a meridianal incision in the conjunctiva, between the superior and inferior rectus muscles. I shall control the position of the eyeball by means of two strabismus hooks introduced into the conjunctival incision, the one grasping the superior rectus the other the inferior rectus, by means of which the eyeball can be forcibly drawn downwards and outwards, in which position the curved scissors when introduced through the conjunctival incision, can, with great facility, be directed to embrace the nerve between the open blades. After such an operation there will be more or less hemorrhage in the orbital tissues, causing swelling of the eyelids and protrusion of the eyeball. The after-treatment consists in simple cold water dressings. It is of utmost importance in this operation that all the nerves be divided, otherwise its object will be defeated. We have a reliable means of informing ourselves soon after the operation whether this has or has not been accomplished. When the operation has been completely successful, the cornea will be found in a state of complete anesthesia; whereas, if certain nerves have not been divided, the cornea will manifest a certain amount of sensibility.

A DULL, HEAVY HEADACHE, situated over the brows, and accompanied by languor, chilliness, and a feeling of general discomfort, with distaste for food, which sometimes approaches to nausea, can be completely removed, says Dr. Haley (*Austral. Med. Jour.*, Aug., 1881), by a two-grain dose of iodide of potassium dissolved in half a wineglassful of water, and sipped in the *course* of ten minutes.

SPECIAL CHRONICLE.

PROGRESS IN THERAPEUTICS. I.

In Neuralgia, according to Dr. Meredith (*Birmingham Med. Review*), oil of peppermint applied externally gives great relief. He has also found it useful in relieving the severe nerve-pain of herpes zoster.

Gonorrhœa may be successfully treated, according to recent statements, with the injection of a solution of potassium permanganate. The solution should not be made too strong. According to Prof. Zeissl, one-half grain of the salt to six ounces of water is a proper strength to use.

A new antiseptic, which promises to be of considerable value, is boroglyceride, a compound discovered by Prof. Barff, and described by him about a year ago. It is probably a borate of glyceryl. It is tasteless, and, when cold, brittle, hard and dry. In solution, it acts as an efficient preservative of meats, eggs, cream and butter, without communicating any unpleasant flavor whatever to the preserved substances.

M. Le Bon has now introduced two compounds of boroglyceride, the boroglycerides of calcium and of sodium. (*New Remedies*, Dec., 1882.) They are prepared by adding either borate of calcium or borate of sodium (borax) to glycerine, heating the mixture under constant stirring until a drop of the mixture placed on glass congeals to a colorless bead. The melted mass is then poured out on a metallic plate, and will form, when cool, a transparent, glassy, brittle mass. The fragments must be put, while still hot, into a well-stoppered, dry bottle.

These compounds are easily soluble in water or alcohol, are without odor, unpleasant taste or poisonous effects, and can be used as antiseptic dressings to the most sensitive organs. Very little is yet known of their actual value, and a wide field is open for experiment. The boroglyceride of sodium is suggested as a remedy, whose effects it would be, perhaps, of value to determine. It is prepared by heating together, as above described, one hundred parts of anhydrous borax and one hundred and fifty parts of glycerine.

Acute coryza, or nasal catarrh, can be cured in a few hours, according to Dr. Ffealliott, if treatment is begun within the first

twelve hours. His method is to spray the nostrils every hour or oftener, with a slightly acidulated solution of sulphate of quinia. Four grains of quinine, with just sufficient dilute sulphuric acid to dissolve it, is used to an ounce of water. It may be perfumed to the taste with any essential oil. Dr. F. supposes the effect of the quinine to be due to its antiparasitic action. The same treatment has been used with success for a number of years, on the recommendation of Helmholtz, in hay fever. [The reporter has found salicine, 3 *ss* every two hours, quite effectual in relieving acute coryza. It was first recommended in this affection by Dr. Maclagan.]

A very pleasant method of prescribing iron was recently suggested by Prof. Goodell. Here is the prescription :

℞ Tr. ferri chloridi . . . . ʒ ii.
Acidi Phosphorici dil . . . . ʒ vi.
Spiriti limonis . . . . ʒ ii.
Syrupi, ... ad ℥ vi. M. Sig.

A dessertspoonful in water after meals.

In cardiac dropsy, convallaria majalis, *vulgo*, lily of the valley, has been lately used as an efficient diuretic and heart tonic. Dr. H. C. Wood (*Med. Times*, Nov. 18, 1882) gives some notes upon its use. According to Dr. R. D'Ary, quoted by Wood, its properties are as follows: "In small doses, it is a stimulant to the heart, increasing the frequency of its beats; in larger doses, it is a tonic and sedative, lessening the frequency, but increasing the energy and regularity of the contractions. In overdoses, it is a swift destroyer of life, thoroughly paralyzing the heart. Over digitalis it has a most important advantage in the absence of cumulative effect, at least so far as personal observations allow me to judge. On the other hand, I have noticed that some patients seem, from idiosyncrasy, unable to endure it even in small doses. Wherever these unpleasant effects —manifested by dyspnœa, faintness, pain at the heart, etc.—become manifest, alcoholic liquors seem to me the promptest antidote. I would therefore advise, in every new case, to begin with minimum doses, and gradually increase until the desired effect is obtained, which generally takes place very promptly."

Dr. Fussel, of Pennsylvania, having used the remedy in several cases, gives it in infusion prepared as follows: Two ounces of the plant (leaves, stem and root) are infused in a pound of boiling water,

and two ounces of this given every two hours. Prof. Germain Sée, of Paris, has also experimented quite largely with the remedy, and is quite enthusiastic in its praises. It seems to promise useful results in the proper cases. According to M. Sée, it is particularly indicated in cardiac palpitation and irregularity, with or without valvular lesions. He gives fifteen or twenty grains daily of an aqueous extract of the whole plant. Dr. A. H. Smith (*Med. Record*, Dec. 9, 1882) also used it with good effect as a heart stimulant. The dose used was five or ten minims of a fluid extract prepared by Parke, Davis & Co., given hypodermatically.

Bronchocele, in the early stages, is treated by Dr. Cheever (*Boston City Hosp. Reports, 1882*) with iodide of iron and iodide of potassium, to absorb the glandular enlargement. In his experience, perseverance in this treatment has been followed by good results.

Dr. Edward Woakes uses fluoric acid in doses of half a dram three times a day. He reports (*Lancet*, March, 1881) seventeen cases cured out of twenty. A parenchymatous injection of iodine into the gland assists the effects of the acid in some cases. In other cases, excision is the only remedy known that promises a cure.

In orchitis, or perhaps more properly, epididymitis, bromide of potassium is highly recommended by Dr. J. Grammer (*Va. Med. Monthly*). It is given internally, in doses of five grains three times a day. A suspensory bandage must be used if the patient walks about. Dr. G. has also found the same remedy useful in mastitis. [The reporter has obtained excellent results—relief of pain and reduction of swelling—by the administration of three to five grains of potassium iodide four or five times a day. He has also used with satisfaction the homeopathic mother tincture of pulsatilla (a strong preparation), in doses of one to three drops every three hours.]

In albuminuria from cardiac insufficiency, and in other heart affections, where digitalis is generally useful, and especially in fatty heart, where digitalis is contra-indicated, M. Huchard, (*Union Med.*, Sept., 1882) advises the use of caffeine, in doses of four to ten grains five times a day.

The treatment of diphtheria has continued to absorb a large amount of the attention of the profession. Certain remedies, are, on frequent occasions, vaunted as specifics by some, and condemned as useless by others. Alcohol, iron and quinine, with a minor predilection in favor of chlorate of potassium, seem to be the most popu-

lar remedies. In the last number of the CHRONICLE, Dr. Wysham gave the results of his experience with chloride of iron and alcohol. Dr. A. F. Erich (*Md. Med. Journ.*, Nov. 15, 1882, p. 329) praises highly the efficacy of the following combination:

I. ℞ Quiniæ sulph. . . . . grs. viii.
Tr. ferri chloridi . . . . . ʒ i.
Syrupi simpl. q. s. ft . . . . ℥ iv. M. S.

A teaspoonful every hour, *day and night.*

II. ℞ Acidi benzoici . . . . . ʒ i.
Sodi biboratis . . . . . ʒ iss.
Aquæ, q. s. ft . . . . . ℥ vi. M. S.

A teaspoonful every hour, alternating with No. I. No. II is to be continued until all traces of false membrane have disappeared, when it should be stopped. The iron and quinine should be continued for some days, until the mucous membrane of the throat has resumed its normal appearance. When the disease is very severe, the remedies may be given at shorter intervals. No local applications whatever are made to the throat. Dr. Erich states that if diphtheria were treated in this manner, less than one per cent. should die, *if treatment is begun in the first twenty-four hours of the disease.* The iron and quinia mixture is also a good prophylactic, and should be taken by all the members of a household in which diphtheria exists, in order to prevent spreading of the disease. A considerable number of physicians who have given this treatment a thorough trial are equally enthusiastic in its praise.

At recent meetings of the Baltimore Academy of Medicine, Dr. Richard McSherry spoke strongly in favor of the use of bichloride of mercury, one-thirty-second of a grain at a dose, repeated three or four times a day. He had used this remedy in diphtheria for a number of years with almost unvarying success, even in cases of great malignancy.

Iodoform has also been used as a local application in this disease recently, but the experience has not been sufficient to give it much claim to consideration.

Pilocarpine, which was vaunted very highly in diphtheria some time ago, seems to have fallen somewhat from grace. The impression seems to be that it is too much of a nervous depressant to be used with much success.

Other remedies have also been used—iodine, borax and salicylic acid, and numberless others; but most practitioners limit themselves to one or more of the four first mentioned. With these it is of course understood that good, nourishing, easily-digestible food and stimulants will be given as often as necessary.

CURRENT LITERATURE.

STATE MEDICAL SOCIETY TRANSACTIONS.

1. Transactions of the Michigan State Medical Society for the Year 1882. Dr. Geo. E. Ranney, Secretary, Lansing, Michigan.

2. Transactions of the Medical Society of the State of West Virginia, 1881 and 1882. Dr. S. L. Jepson, Secretary, Wheeling, W. Va.

3. Proceedings of the Connecticut Medical Society, 1882. Dr. C. W. Chamberlain, Secretary, Hartford, Ct.

1. The report of the Michigan Society is creditable in appearance and contains some good papers. "Notes on Uterine Tumors," by Dr. Ranney, the secretary, although it is placed last in the volume, is noticed first, as it is a practical clinical contribution to the treatment of various uterine growths, illustrated by cases. "Antisepsis in the Treatment of Disease," is a good summary of the therapeutical applications of antiseptic agents, by Dr. D. W. C. Wade. Dr. H. J. Reynolds gives some excellent advice on "The After Treatment in Tracheotomy Cases." Dr. L. Connor read the notes of a case of optic neuritis, and considered its relations to cerebral tumors. Dr. E. P. Christian contributes two interesting histories of abnormal presentations in labor.

The other papers in the volume do not call for especial notice.

2. The annual address by the President of the West Virginia Society, Dr. James E. Reeves, is a model for the presiding officers of other similar organizations to follow. In terse language he rapidly sketches the progress of medical and sanitary knowledge within the

year past, giving especial attention to the advance made in his own state by the organization of a State Board of Health, and of medical examiners. One of the results of the creation of the latter body was referred to in our leading editorial in the November issue of this journal. He also administers a sharp rebuke to the New York State Society for its liberal tendency, which we regard as rather unkind. The address is, however, an excellent one, and deserves the widest publicity. Six of the fifteen papers read at the last annual session treated of subjects connected with hygiene or state medicine. Dr. W. H. Sharp reports five hundred and eight cases of midwifery in a practice extending over a period of twelve years. One-fourth of the cases (126) were first labors. The forceps were used twenty-five times (5 per cent.), podalic version three times, and cephalic version once. There are many other interesting points to be noted in this excellent paper, which lack of space compels us to omit.

Four cases of ovariotomy are reported by Drs. T. A. Harris and W. H. Sharp. Three of the patients died. The cases are fully reported. A case of multilocular cystoma of the ovary, operated with fatal result, is also reported in the transactions for 1881, by Dr. B. W. Allen.

3. The Proceedings of the Connecticut Society is a handsome volume printed from clear type on good paper.

The contents agree with the external appearance of the volume. The president, Dr. Deming of Hartford devotes his address to some practical points in the Treatment of Pulmonary Phthisis. A number of interesting cases are reported by the various *County Reporters.*

The essays presented are all worthy of careful reading, but those on the use of Proprietary Remedies, by Prof. C. A. Lindsley and Thomas' operation (Laparo-elytrotomy) by Prof. F. E. Beckwith, both of Yale College, deserve a much wider circulation than they can obtain in their present form. Prof. Beckwith's excellent historical review of Laparo-elytrotomy, has been reprinted in the *New England Medical Monthly.* We would urge our enterprising contemporary to give a similar wide-spread publicity to Prof. Lindsley's article.

THE DISEASES OF WOMEN.—Their Pathology, Diagnosis and Treatment; including the Diagnosis of Pregnancy. By Graily Hewitt, M. D. Lond., F. R. C. P., Prof. of Midwifery and Diseases of Women, University College, London. Fourth American from the

last revised and enlarged London edition, with 132 Illustrations. Philadelphia, P. Blakiston, Son & Co. 1882. Double part of "Standard octavo series of medical books:" Price in paper, $1.50. Cloth $2.50. For sale by Cushings & Bailey, Baltimore.

The great value of Graily Hewitt's work on Diseases of Women is acknowledged by all gynecologists. As the leader of a school in uterine pathology, the author has a large following among American practitioners of the specialty. The present issue of this work is a reprint of the third English Edition, issued in 1872. Its possession will add to the value of any physician's library.

The book is excellently printed on thin, but clean, white paper, and is sold at an almost absurdly low price.

THE DISEASES OF THE RECTUM.—Including Fistula, Hemorrhoids, Painful Ulcer, Stricture, Prolapsus, etc. By William Allingham, M. D., F. R. C. S. Fourth Edition. Philadelphia; P. Blakiston, Son & Co. 1882. Baltimore; Cushings & Bailey. Price 75 cents and $1.25.

The most unsatisfactory book for a reviewer to notice, is one with which no fault can be found. Mr. Allingham's monograph on the Diseases of the Rectum is one of these books. It has passed through three editions in England and America, and has been translated into the Italian, French, Spanish and Russian languages. Under these circumstances we need add nothing in commendation of the work, except to say that all those who treat rectal diseases, should have a copy and study it.

SORE THROAT; Its nature, varieties and treatment. By Prosser James, M. D. Physician to the Hospital for diseases of the throat and chest. Fourth edition, enlarged. Philadelphia; P. Blakiston, Son & Co., 1882. Baltimore; Cushings & Bailey. Price in paper, 75 cents.

The manual of sore throat by Dr. Prosser James has won for itself such a good position among the many works on the highly developed specialty of laryngology, that we need hardly do more than announce the appearance of a new edition. The publishers have issued it as one of their excellent series of "Handbooks for Physicians," and offer it at an exceedingly low price. Its great practical value is its highest commendation.

Tornadoes. Their special characteristics and dangers, with practical directions for protection of life and property. By John P. Finley, U. S. A. 29 pages.

Tornado Studies for 1882, with inquiries concerning observations. By the same author. 15 pages.

These two memoirs upon one of the most interesting subjects connected with meteorology, have been prepared by Mr. John P. Finley, under the direction of Brigadier General W. B. Hazen, Chief Signal Officer of the Army. They contain a large amount of information not obtainable in any other single publication with which we are acquainted. Doubtless the papers can be obtained by anyone interested in such matters upon application to the author, at Kansas City, Mo., or to the Chief Signal Officer of the Army at Washington.

Tubercular Tumors of the Windpipe. Tuberculosis of the Laryngeal Muscles. A contribution to the Pathological Histology of Laryngo-tracheal Phthisis. By John N. Mackenzie, M. D. Reprinted from *Archives of Medicine*, October. 8 pages.

The use of the Curette as a Therapeutic Agent in Gynecological Practice. By B. B. Browne, M. D., Prof. of Diseases of Women, Woman's Medical College of Baltimore, etc. Reprinted from *Obstetric Gazette, September, 1882.*

Genius Resistless; A Pindaric Ode, in tribute to Jenner and Pasteur. By J. J. Caldwell, M. D., etc. Baltimore, 1882.

Report of the Board of Managers of the American Hospital for Skin Diseases. Philadelphia, 1882. P. 16.

EDITORIAL.

THE "MEDICAL CHRONICLE" AND THE NEW YEAR.

In the first number of this journal we asserted our faith in its success. We believed that a place existed which it could satisfactorily fill. We are glad to be able to state that our faith has been justified by results. The success of the MEDICAL CHRONICLE has been of

the most flattering character, and the journal may be regarded as definitely established. While it is as yet a mere infant in age and size, its influence is acknowledged on all sides. It is the intention of the editor to make its name a synonym for progress in all that affects the interests of the medical profession, and to attain this end no effort will be spared to place it in that rank of journalism where quality, not quantity, counts.

The contributors to our SPECIAL CHRONICLE are gentlemen especiallv qualified to give an intelligent summary of the real progress made in the various departments of medicine. We need only point to their work in the successive numbers of the CHRONICLE to verify this assertion.

By no other journal in this country, except the special sanitary magazines, has so much space been given to the discussion of the most important questions involved in the term preventive medicine. As all physicians should be none the less sanitarians, we trust that in this action we have met with the approval of our readers.

Endeavoring to deserve, and trusting that we shall obtain the support of the profession in giving them a readable and reliable chronicle of progress in the profound science and the noble art of medicine, we wish all our readers

A MERRY CHRISTMAS AND A PROSPEROUS NEW YEAR.

THE MEDICAL COLLEGES OF BALTIMORE, AND THE CINCINNATI LANCET AND CLINIC.

The Cincinnati *Lancet and Clinic* is so much concerned in medical education in Baltimore, that it sends every year a correspondent to learn what we are doing in this matter. This correspondent, "R. B. D." is possessed of a very volatile fancy, and a treacherously defective memory. When he gets a stray scrap of accurate information, he lodges it in that peccant memory of his, and some time afterward, compounding it with his lively fancy, produces a letter on medical affairs in the City of Monuments. "R. B. D." is not partisan in anything, except perhaps in what concerns Cincinnati; he prides himself in being a sort of free-lancet in medical journalism; he doubtless means well, but the peculiarity of his fancy and the infirmity of his memory referred to, are unfortunate posessions, in consequence of which he nearly always mixes things up in a sadly deceptive way.

During a recent visit to us, "R. B. D." wrote a letter to his journal in which he made several little slips which we will now endeavor to correct.

In the first place, "R. B. D." makes some depreciatory remarks about our hospitals, especially the out-door department of the Maryland University Hospital. Now, we have personal knowledge of the conditions of cleanliness and comfort of many of the large dispensaries throughout the country, including those attached to the medical colleges in Cincinnati, and we aver that the University dispensary compares favorably with the most of them. With respect to the Cincinnati dispensaries, it might with propriety be termed a contrast.

Then again, as to the "significance" of the falling off in the number of students at the College of Physicians and Surgeons. Here "R. B. D." indulges in speculations and inferences which were certainly not justified by any information received from the "wiser heads connected with the institution." All connected with this college are satisfied with its unsurpassed prosperity. This being so, outsiders have no call to be apprehensive concerning its future.

Thirdly "R. B. D." has certainly misunderstood Dr. Erich in reference to the diphtheria treatment, the details of which we publish on page 159 of this issue. Dr. Erich certainly did not say, without qualification, that he had not lost a case of diphtheria in the past four years. He assures us that what he did say was, that no case of diphtheria has died in his practice where this method has been adopted and followed within the first 24 hours of the patient's illness. Cases of laryngeal diphtheria sometimes die in his practice before the full effect of the remedy has been obtained. This, he says, he is always careful to state when recommending the treatment to the consideration of practitioners.

As regards the hybrid Theologico-medical institute called by courtesy the Baltimore, or Christian Medical College, we believe "R. B. D." is entirely within the truth. The reputable men who were connected with it have nearly all withdrawn, its promises have been like the traditional pie-crust, and its early death by inanition, as "R. B. D." suggests, or by a more violent process, may be looked for. 'Tis a consummation devoutly wished by nine-tenths of the respectable members of the profession in this city.

For his faint praise of the Woman's Medical College, we owe "R. B. D." our thanks. We think however he might have given a little

more hearty support to a very deserving venture, without exceeding the function of the conscientious correspondent.

We hope that what we have here written may induce "R. B. D." to improve his memory by a judicious system of mnemonics or to carry a note-book and pencil, and that he will in future put a curb on his too exuberant imagination. Otherwise Dr. Davy is a very clever and excellent gentleman.

FLOTSAM.

To ALL our exchanges, and to those who don't exchange with us; to those who have welcomed us kindly to the field of journalism, and to those who have poked fun at us and predicted our early demise; and, finally, lest others should forget it, to ourselves, we wish a long subscription list and full columns during the coming year.

Mr. Francis Seymour Haden, who is called the greatest of living etchers, is a Fellow of the Royal College of Surgeons of London, and a surgeon of considerable distinction in the English metropolis. He will give a course of lectures on "The Principles and Practice of Etching" at the Johns Hopkins University in January.

Another bogus medical college has been tracked and trapped. The institution calls itself "*The Bellevue Medical College of Massachusetts*," and is chartered in the capital of that enlightened commonwealth as a *manufacturing* institution. Its prosperous career was suddenly cut short by Dr. Rauch, of the Illinois State Board of Health.

Our enterprising contemporary, the *Maryland Medical Journal*, announces that after January 1 it will appear in an enlarged and improved form. A staff of associate editors has been appointed, who will furnish reports on the progress in their various special departments. This has been a distinctive feature of the Medical Chronicle since its first appearance, and we are glad to see it appreciated and imitated. We wish the *Journal* continued success.

All physicians are supposed to be men of culture, and to desire to keep themselves informed of the progress in the world of general literature. We know no better medium through which they can obtain this information than *Good Literature*, published at No. 25 Park Place, New York. It is a handsome weekly literary journal, and will be furnished after the 1st of January for $1.50 a year. We will send it with the Chronicle for two dollars.

Dr. L. P. Yandell's views on the causation of skin diseases having been misrepresented by a Michigan editor, the former publishes a correction in a

late number of the *Louisville Medical News*. We do not think the peculiar theory of Dr. Yandell is liable to gain any adherents, although it is beautifully simple. The chief causes of acute and chronic skin diseases, says Dr. Y., are malaria and struma. He still owes us the proofs, however. The doctrine at present rests entirely on his assertion.

For thirty-five years Dr. Oliver Wendell Holmes, who has just resigned his professorship, has taught anatomy in Harvard University. During this time he has charmed thousands of others by the brilliant sarcasms and genial humor which scintillate in the pages of the Autocrat, The Professor and the Poet at the Breakfast Table. Dr. Holmes, who cannot be idle, will henceforth devote his time and talent to his dearer love, literature. We trust he may be spared for many years to continue to delight an audience which is co-extensive with the civilized world.

The Illustrated Quarterly of Medicine and Surgery, edited by Drs. Geo. Henry Fox and F. R. Strurgis, and published by E. B. Treat, No. 757 Broadway, New York, is doubtless the most magnificent medical journal published. No. 4. of Vol. I, which is just to hand, has nine original articles illustrated by three chromo-lithographic plates and fifteen wood-cuts. The subscription price is $8.00 per year, We don't see how it can be done at that price, but if the publishers can stand it, the readers certainly have no reason to complain.

It should be remembered by all our readers that the strength of all preparations of *opium* in the new Pharmacopœia (revision of 1880) has been increased 50 per cent. Hence, a fluid-dram of tincture of opium made according to the formula of the Pharmacopœia of 1880, contains as much morphia as a fluid-dram and a half of the same preparation made as directed by the Pharmacopœia of 1870. Dr. Squibb offers the practical suggestion that the figures "1870" or "1880" should be added to the name of the drug in prescriptions, so that the apothecary may know which preparation is desired by the physician.

Mr. Herbert Spencer, before leaving New York on his return to England, was given a dinner by a number of his American admirers. Eloquent speeches were made by Mr. Evarts, Carl Schurz, Prof. Youmans, Henry Ward Beecher, and others. Mr. Spencer, in replying, read the American people a lesson on health. Our want of physical stamina, he said—or words to that effect—was due to overwork. We needed more rest, said he. Most young doctors will probably dissent from this. Many of them have too much "rest" on their hands; a little more work, with the corresponding emoluments, would doubtless be a welcome change from enforced idleness. Mr. Seymour Haden, Mr. Spencer's distinguished countryman, however, concludes that it is not work, but worry, that breaks down health, shortens life, and contributes to the production of weak and puny offspring. The "gospel of rest" is well enough, but its enforced practice is probably the cause of more worry, and consequent unhappiness and ill health, than overwork, either physical or mental.

TO THE ALUMNI OF THE

College of Physicians and Surgeons

OF BALTIMORE.

The coming decennial of the formation of the Alumni Association of the College of Physicians and Surgeons (March 1st, 1883) makes it desirable to have a complete history of the Association, with a full list of the members, for publication in the next annual catalogue. All the graduates of the college are requested to forward to the secretary of the Association, DR. GEORGE F. TAYLOR, No, 222 N. BROADWAY, BALTIMORE, their full name and address, with all professional honors that have been received by them since the date of their graduation.

All correspondence should be addressed to the secretary, as above.

GEORGE H. ROHÉ, M. D., PRESIDENT.

The attention of the Alumni of the College of Physicians and Surgeons, is called to the merits of the MEDICAL CHRONICLE.

Every number will contain one or more articles from the pens of members of the Faculty of their ALMA MATER, and so keep them in constant mental intercourse with their former teachers.

The CHRONICLE will, however, never descend to the level of a mere college organ; it will always seek to represent the progress of the medical profession everywhere.

Send your subscription at once to

DR. GEORGE H. ROHÉ,

95 PARK AVENUE, BALTIMORE.

THE

MEDICAL CHRONICLE.

BALTIMORE, FEBRUARY, 1883.

ORIGINAL ARTICLES.

ARTICLE I.

THE TREATMENT OF ACUTE ECZEMA.

By GEORGE H. ROHÉ, M. D.,

Professor of Hygiene and Clinical Dermatology, College of Physicians and Surgeons, Baltimore; Member of the American Dermatological Association; Active Member of the American Public Health Association, Etc.

Willan and all other English dermatologists, until a very recent period, characterized eczema as a vesicular disease, accompanied by the discharge of a sticky, albuminous fluid. Other manifestations of a pathological condition apparently similar to that underlying the vesicular eruption were classed as separate and distinct diseases. Thus, an itching papular eruption was termed lichen or prurigo; a pustular eruption was impetigo; and an erythematous or a scaly eruption was an intertrigo, psoriasis, or pityriasis. While these names still have a place in dermatological nomenclature, they have at present, in most cases, a different signification to that possessed by them twenty-five years ago.

Hebra, to whom belongs the credit of freeing dermatology from the clogs of artificial classifications and a meaningless terminology, recognized the close relation of these various manifestations, and gave to eczema a more comprehensive definition than was given to it by the English, French, or early German schools. According to this definition, eczema is an acute or chronic non-contagious inflammation

of the skin, manifesting itself either in reddened or scaly patches, papules, vesicles, pustules, or fissures, characterized in many cases by the exudation of a colorless or yellowish, sticky fluid, which dries into amber-colored or brownish crusts, and is accompanied by intense itching.

If we accept this definition of eczema, our conception of the disease becomes at once much more clear and simple. We are led to pay attention to the pathological condition underlying the morbid process rather than to the manifestations of the disease in any particular case.

It is probable that eczema is, in the majority of cases, due to external impressions upon the skin, *i. e.*, it is the effect of some local irritant influence, either chemical or dynamic. There can be little doubt, however, that a peculiar predisposition of the skin to take on eczematous inflammation is necessary before the influences mentioned will produce an eczema. Thus, in some individuals, the most violent scratching or friction, chemical irritants, or changes of temperature or moisture, will fail to produce an eczema, while in others any of these influences, even in a mild degree, will produce an outbreak of the disease. It is not necessary to assume, however, that there exists a peculiar dyscrasia or diathesis, to which the term eczematous diathesis is applicable. The evidence which we have bearing upon this point seems to the writer to point to the opposite conclusion.

Although the writer is firm in the conviction here expressed that eczema is mostly due to external physical impressions upon the skin, it is not intended thereby to exclude altogether affections of internal organs as predisposing, or even as exciting causes of outbreaks of the disease. Disorders of the digestive organs, the liver or kidneys, and disturbances of the nervous system, seem to have an etiological relation to outbreaks of eczema in some cases.

Eczema is in all cases a curable disease. The predisposition of the skin cannot, however, be removed by any means at present known. Eczema is always liable to recur when the irritation is repeated. Hence, while the prognosis as to any individual attack is favorable, a permanent cure cannot be promised in any case.

If it be true, as stated above, that eczema is, in by far the larger proportion of cases, due to a merely local impression of greater or less intensity, it follows, as a matter of course, that local measures should suffice for its cure; and we find this to be generally true.

The acute variety of the disease is the only one considered in this

paper. In order to point out the proper therapeutic measures to be employed, it will be convenient to take up the various forms under which eczema manifests itself, and to present the treatment in connexion with each.

Acute erythematous eczema most frequently occurs in consequence of friction of two opposing surfaces of the skin, the action of heat or chemical irritants, or the influence of moisture. Hence it is oftenest seen in the perineum, and on the inner surfaces of the thighs in children and adults, and in fact wherever the surfaces of the skin are habitually in contact, especially if the effect of the friction is heightened by heat and decomposing secretions. This condition, known in the vernacular as "chafe," is often the source of great annoyance both to physician and patient, from its obstinacy. In the writer's experience, a simple drying powder of starch or precipitated chalk, often and thickly applied, has given the best results. Calomel is often a very excellent application if the inflamed surface is not too large; otherwise there is danger of producing the systemic effects of the mercurial. With the drying powder alone, combined with cleanliness, most cases of intertrigo, to borrow the old name, can be got well. In other cases, an alkaline lotion, half a dram of bicarbonate of sodium to the ounce of water, or simply lime water, or a lotion containing one or two grains of carbolic acid to the ounce, may be used with benefit. It must be remembered that the cause of the disease must be removed in order to aid the cure. The parts should be kept clean, and the friction of opposing surfaces prevented as much as possible.

The erythematous eczema due to the effects of heat, from exposure to the sun or to a fire—sometimes seen in cooks, blacksmiths or foundry men—is best treated by the application of rose-water ointment or simple bicarbonate of sodium lotion.

Acute papular eczema is most frequently found on the forearms, hands and feet, and is often due to the influence of high temperature of the air (as in the so-called "prickly heat") or to persistent scratching. The writer has seen it not unfrequently follow an outbreak of the small papular urticaria, so often localized upon the back of the hand and fingers. The severe itching accompanying the urticaria causes the part to be rubbed and scratched until the temporary disturbance of nutrition has become prolonged, and what was at first simply an evanescent affection has become one of more per-

manent character. The application which gives the best results in this form of eczema is either a lotion of carbolic acid in dilute alcohol, bay rum or cologne water, or an ointment containing one to two drams of ammoniated mercury in an ounce of vaseline. The drying powders above mentioned often answer all purposes exceedingly well. In many of these cases the digestive disturbance upon which the urticaria depended in the first instance remains, and should not be neglected. In fact, it may be stated here that the condition of the patient as regards his functions generally should always receive attention, as well as the local lesion for which the physician is consulted.

Papular eczema frequently runs into a stage of further development of the lesion, and becomes vesicular. In other cases the vesicular form is the one first developed. This is the old typical form of eczema—closely aggregated, fragile vesicles, which, bursting, exude a sticky fluid that stiffens but does not stain linen. It is frequently seen upon the face, ears and genital organs. There is often much serous infiltration of the skin, giving the part the appearance of erysipelas. There is, however, no pain or febrile disturbance, so marked in the latter disease. In erysipelas the skin is dark-red and shiny, while in eczema the color is much less deep. In eczema there is also burning, and in most cases intense itching.

Where the discharge is profuse, as it often is in these cases, a simple dusting powder of finely pulverized starch or precipitated chalk answers best. Calamine or calomel are also excellent local applications. In some cases, where the itching is very severe, carbolic acid lotion, two grains to the ounce of water, or, what is still better, black wash kept constantly applied on clean muslin or lint, gives more relief than anything else the writer has tried. Lotions containing calamine and hydrocyanic acid are also highly recommended by authorities.

As a general rule, ointments are not well borne in the most acute stage of vesicular eczema. Where it is desirable to employ them, one containing half a dram to two drams of calomel in an ounce of vaseline or cosmoline yields the best results, giving relief to the intense itching and checking the discharge.

The local application of water as a cleansing agent, or water dressing, either hot or cold, is usually not well borne by the skin when in a state of acute eczematous inflammation. This is especially

true in the erythematous, squamous or vesicular forms of the disease. In these cases the use of water should be avoided until the most acute symptoms have subsided, when its use may be begun.

Pustular eczema is most frequently seen as it effects the hairy scalp in children, or the hairy regions of the face in adults. The pustular character is very frequently the expression of a depravement of the system. In these cases the ointment of calomel, half a dram to the ounce of vaseline, or of the officinal ammoniated mercury ointment, or oxide of zinc ointment made with freshly prepared benzoated lard, seem to give the best results. In addition, the use of iron internally, in the form of tincture of the chloride, is of importance in these cases. This remedy can be rendered very palatable by combining it with phosphoric acid, syrup and spirit of lemon, as in the following prescription recommended by Goodell:

℞	Tr. ferri chloridi	ʒ ii.	
	Acidi phosphorici dil.	ʒ vi.	
	Spiriti limonis	ʒ ii.	
	Syrupi . . . . . ad	℥ vi.	M. Sig.

A dessertspoonful every four hours.

Perhaps, in most cases of vesicular eczema, the vesicular character of the disease has disappeared when the physician is called. The vesicles have burst, and their contents have either dried into yellowish-brown crusts, or a red, weeping surface is exposed. This is the eczema rubrum, *vel* madidans of authors, and should be considered as a secondary form of the disease. When it occurs in parts where the skin is subject to much movement, as the flexures of joints, etc., fissures result, extending into the cutis, which are very painful sometimes. This is what is termed in the books eczema fissum *seu* rimosum. It yields most readily to the benzoated oxide of zinc ointment, or Hebra's ointment, as modified by Piffard, made as follows: Lead plaster and vaseline, equal parts (or one part lead plaster to two, three or four of vaseline), to be melted together and stirred while cooling. The writer has found Hebra's ointment, when made with the addition of oil of lavender and balsam of Peru, to be too irritating in the very acute stages of all forms of eczematous inflammation.

In a small proportion of cases, eczema in all, or a number of its

various forms, will be found attacking the entire body or its larger surface. In such cases the vesicular and pustular forms will be found on the face, head, limbs and genitals; the erythemato-squamous form will be found on the trunk; the flexures of the joints will be occupied by the fissured and weeping forms; while the papular variety will be almost exclusively localized upon the forearms and legs.

The management of a case of acute general eczema is a difficult problem to solve in many cases. When the entire or the greater surface of the body is attacked, the patient should be confined to bed. He should be entirely undressed and placed between sheets. The remedies used will vary with the character of the lesion. Where the eruption is vesicular or moist, one of the drying powders before mentioned must be dusted on; where it is principally papular, an alkaline or spirituous lotion may be applied, and where the pustular character predominates, the calomel ointment will yield best results. A mercurial or saline laxative should be given at the same time. As the more acute symptoms subside, mild astringents should be applied; of these, the modified Hebra's ointment or oxide of zinc ointment will in general give satisfaction. Care is necessary to avoid the use of applications that are too irritating, as in this way the disease is nearly always rendered worse. An additional caution may not be unnecessary, namely, to abstain from using mercurial applications over large surfaces, as the constitutional effects of the drug follow rapidly from absorption. The writer used black wash pretty freely in a case of acute general eczema with the result of prompt relief of the symptoms, but, in addition, rather severe salivation of the patient on the third day. Hence some other application should be chosen in cases where the extent of surface affected is large.

Regarding restrictions of diet, upon which so much stress is laid by most authors, the writer can only say that he has observed little influence exerted by this over the disease. It is of far more importance to prevent local irritation, such as scratching, friction or irritant applications, than to supervise too curiously the patient's bill of fare. Indigestible articles of food, spirituous liquors, coffee and tea, especially the last, should be abstained from.

In treating acute eczemas, especially of children, it is important to prevent the patients from scratching, and thus intensifying the disease or causing it to spread over a larger surface, not in consequence of

contagion, be it remembered, but simply from the irritation of the skin. Dr. J. C. White, of Boston, makes a good suggestion in this connexion. It is to confine the little patient's arms and hands in a straight jacket, which can be conveniently made by cutting a slit in one end of a pillow-case, then slipping it on over the head of the patient, and confining the hands and arms by stitching the front and back of the improvised jacket between the arms and the sides of the body. The face should be covered by a flannel or muslin mask, on which the ointment used is to be applied. It will usually be found very difficult to induce the parents or attendants to carry out these instructions. In many cases the mask or jacket is applied only a little while before the doctor's expected visit, while during the rest of the time the child's hands are unconfined, permitting unrestrained scratching or rubbing of the affected parts.

In conclusion, it may be added that, in the management of acute eczemas, good judgment, common sense and the habit of correct observation are absolute pre-requisites to success. It is not merely necessary to know the various characters the disease may manifest, and a number of remedies or prescriptions applicable to these. What is of most importance is to recognize the stage and intensity of the disease, the general condition of the patient, and the local peculiarity of the skin. These acquirements cannot be learned from books or journal articles, but must be gained by experience and observation. What has been here written is only to render the acquisition of this knowledge easier, by summarizing some of the results of individual experience.

ARTICLE II.

STRICTURE OF THE RECTUM.

By PHILIP S. WALES, M. D., Surgeon General U. S. Navy, Washington, D. C.

[Continued from January Issue.]

As to the width of the stricture, it need hardly be remarked that internal rectotomy will not be applicable when it much exceeds half an inch. There certainly is considerable variance in this respect, but in the greater number of cases the width rarely exceeds half an inch, and in numerous instances the stricture is simply a bridle

occupying a part of the circumference of the bowel, or extending quite around, under the form of a diaphragm with a central aperture. Wide strictures may be more advantageously treated by external rectotomy.

The incision may be single or multiple, and made at any part of the intestinal wall, though usually it is recommended as safer to incise posteriorly in the median line, and rather by several nicks in various parts than by one cut. With proper precautions, there is no doubt that the rectotomy may be safely performed with the very best results at any part of the bowel within reach of the finger, and, although Vidal* regards it as impracticable, yet I am even sanguine that strictures higher up may become manageable in some way with properly constructed instruments.

In making the incision, ordinarily the blunt-pointed bistoury is used, though special knives have been claimed as possessing particular advantages. Tillaux, in very narrow stricture, used an instrument constructed like a urethrotome. The one employed by me was made several years ago by Tiemann & Co., of New York, as shown in the cut. It is blunt-pointed, with a cutting edge of three quarters of an inch, which merges into a round and long shank.

As complications of rectotomy, we find enumerated in the books a formidable array, viz., hemorrhage, fecal extravasation, abscess, fistula, pelvic peritonitis, pelvic cellulitis, peritonitis and septicemia. Were stricture cases clearly made out at an early period, before much change had been occasioned in the intestinal walls, I believe that many of them might be submitted to the knife with the happiest results. No fear need be felt that union of the edges of the wound will occur, inasmuch as they will widely gap from the resiliency of the divided tissues. In most of these cases, diarrhœal and purulent discharges are constantly passing through the rectum, and would militate against any form of repair except that by granulation. From this point of view, the advice of certain authors to thrust in a large bougie, and to retain it for some time after rectotomy, would seem to be altogether unnecessary, if not positively injurious. I prefer to wait for several days until the wound begins to cicatrize,

*Thése de Concours.

at which time contraction of the newly formed tissue occurs. Allingham says that he has learned one thing in his long practice—not to fear any hemorrhage from the rectum.

The chances of success of rectotomy will be greatly promoted by preparing the patient by three or four days of preliminary treatment, by the administration of laxatives, and the daily introduction of one of the smaller rubber dilators far up the bowel, through which carbolized water may be injected in sufficient quantity to clean the intestine thoroughly. During these few days the patient should be fed on fluid food, milk, beef tea and egg-flip.

When the operation is completed, opium should be given freely to relieve pain and to quiet the bowels. The local treatment is of importance to prevent the intestinal excretions coming in contact with the wound until the gap made by the knife into the adjacent tissues has become infiltrated with plastic lymph, which will occur in forty-eight hours or so. A piece of fine sponge secured to a curved gutta percha tube opening beyond the sponge may be inserted above the incision, and held in place by tapes tied to a waist band. This contrivance, I have found, can be borne two or three days. In case of hemorrhage, the gut below the sponge can be packed if necessary.

External rectotomy or proctotomy consists in a division of the stricture, together with the structures of the perineum, by an incision passing in a posterior vertical plane. This procedure has been advocated for the radical relief of simple stricture, but more particularly for extensive disease of the rectum, when the obstruction is broad, with much ulceration, and in malignant cases as a substitute for excision and colotomy, where the only hope is to relieve the sufferings arising from complete closure of the intestine. In most of these cases the reflex action induces spasmodic contraction of the sphincter, which adds greatly to the distress of the patient, and prevents local treatment of the ulcerated bowel. The free division of the muscle involved in this operation removes these embarrassments, and secures a large channel from the bowel above to the exterior, which facilitates drainage, secures complete evacuation of the intestine, and thus obviates fecal extravasation. The opening is little liable to close up, and affords complete access to the diseased parts. The operation as performed by Humphrey and Panas is done with the knife, which is carried into the bowel above the stricture, guided by the finger, and is made to divide the sphincter and all the intervening tissues

nearly to the tip of the coccyx, forming a triangular wound, with the apex above and the base at the perineum. Verneuil has suggested and employed, as far less dangerous from hemorrhage, the écraseur and galvano-cautery. In the application of the écraseur he introduces a finger into the rectum above the stricture, and plunges a trocar into the perineum, entered at a point anterior to the tip of the coccyx, to the point of the finger. The trocar is then withdrawn, leaving the canula in situ, and through this he passes a small, flexible bougie, with which he drags the chain along the wound, and externally through the anus, thus encircling a triangular mass of tissue including the stricture, which is slowly cut through. When fistulous canals run above the stricture, he made use of them for passing the chain. Afterwards he touched lightly the wound made by the écraseur with the actual cautery. The loop of the galvano-cautery may be introduced in the same manner, and the section effected with the incandescent wire; or the incision may be made with the galvano-cautery or thermo-cautery knife from within outwards. With the knife there is usually a free hemorrhage, which may be readily checked, either by ligature or by packing the wound with lint. After two or three days the lint may be removed. and the wound kept clean by the occasional use of a stream of carbolized water.

Allingham has performed external rectotomy in sixteen cases with the knife; many of the patients have done well, and permanent cures were effected, and others failed.

Excision has been designed either to remove solely the cicatricial or indurated segment of the rectum, the upper margin of the mucous membrane being brought down and stitched to the sphincter, or to include with this segment the entirety of the bowel below, the mucous membrane in this case being brought down and sewed to the integuments. The excision of simple benign strictures has been performed in the former manner by Dieffenbach. The operation is, however, usually performed for malignant growths, the bowel being dissected up and cut off above the diseased district.

Lefort employed electrolysis, and asserts* that in two cases in which dilatation had failed, a rapid cure was obtained. The poles of the battery were introduced through a gutta percha canula. Actual and potential cauterization has also been applied to stric-

* Gazette des Hopitaux, p. 221, 1873.

tures by Robert, at the hospital Beaujon, and by Sanson and Home, but without success; the subsequent contraction after the eschar comes away rather aggravates the case so that Chassaignac's criticism of the method as one rather calculated to produce the disease than to cure it, is merited.

Colotomy. When all other means fail in relieving strictures that have progressed to complete occlusion, or have inflicted so much damage upon the rectum that the patient is willing to risk an unendurable life for the chances of amelioration, the propriety of forming an artificial anus presents itself for consideration. In rare cases it is not impossible for the stricture and ulceration to be removed, when the lumbar opening can be closed. There are two operations by which the colon has been penetrated and artificial anus established; one in the left groin, known as Littré's method, and the other in the lumbar region, called Cullisen's method, or Amussat's, which is a modification of the former. There are other points at which the operation has been proposed in exceptional cases, as in the right lumbar region.* Malignant stricture or extensive ulcerative destruction are ordinarily the conditions for which this extreme measure has been employed, and therefore the results have not been as encouraging as they might be under more favorable circumstances. Besides, the operation is generally delayed so long that the powers of life are nearly exhausted, and local changes have progressed to an extreme degree. The danger to life in the operation is not so great as is commonly believed, and especially in the latter method, wherein the peritoneum is respected. Curling has performed the operation eighteen times, and taken part in three other operations. Fourteen of these cases recovered, in two of the seven fatal cases, the unfortunate result was due to chloroform; in one case of thirty days obstruction, peritonitis was set up; one died of peritonitis set up by cancerous disease in the rectum; one died of pyemia and two of exhaustion, one on the sixth day, and the other on the twelfth. Dr. Mason † of New York, gives twelve cases, including two of Curling's; of these, eight recovered. Allingham operated in ten cases of the seventy mentioned by him, and sums up the result thus: "I believe several (5 or 6) are now alive. Two of the women have married since the operation." Further experience, he says, has led him to hold colotomy as a last recourse for total obstruction.

*See vols. 34 and 35, Transactions of the Medico-Chirurgical Society.
†Am. Journal of Med. Sci., 1873, p. 354.

Of Bryant's* twenty-nine cases of colotomy for rectal stricture, cancerous and otherwise, one lived three years after the operation, and one eighteen months, dying from supposed cancer of the liver after a month's illness; two lived ten, and three for five months; eight survived the operation from seven to eighteen days; eight died within a week, the operation in the majority of these cases having been undertaken as a last resource. Six were alive when last heard from, two having been operated upon three years previously; two, two years; and two within the year. In every case marked relief was afforded to symptoms, and in many, the patients' expressions of gratitude for such were very strong, several having deeply regretted that the operation had not been performed at an earlier period.

Von Erckelens gives an analysis of one hundred and sixty-four cases of colotomy by Amussat's method. Of these thirty-eight were for stricture, of which twenty-five survived and thirteen died. Also eighty-three by Littré's method, of which nine were for stricture; three recovered and six died.

I append the following illustrative cases:

Case I.—W. F. R., æt 52, native of Pennsylvania, came under my care August, 1882, with the following history:

In March, 1863, the vessel to whieh he was attached was lost in the Mississippi River, and, in making his escape, his clothes became thoroughly soaked with water. After walking some distance in this condition, he sought and found refuge on board a ship of war. Three days later, while going down the river to New Orleans, he "passed from the bowels blood and green mucus." After remaining some weeks in New Orleans, he went North, and after treatment for a short time, he reported himself, in August, 1863, for duty, when he was attached to a vesssl which shortly after sailed for the coast of Brazil. Here the diarrhœa returned, the evacuations painless, but very frequent, and he was constantly under treatment without improvement. Returning to the United States in November, 1864, he spent the spring and summer of 1865 in Philadelphia, the disease and treatment continuing. In November, 1865, some improvement showing itself, he went to the West Indies on duty, where the symptoms became much aggravated, and he was obliged to return to his home in Philadelphia. After some months of treatment he again improved, and was assigned, in June, 1867, to duty in the European

* A Manual of the Practice of Surgery, Philadelphia, 1881, p. 480.

Squadron, where he remained about two years. During this time his health was better, but he suffered from occasional severe attacks of diarrhœa, which greatly prostrated him. After his return in February, 1869, he was ordered to Pensacola, Fla., where his trouble reappeared with severity, being accompanied by severe pain in the head, described as being in the region of the ear, together with great difficulty of breathing. The discharges were green, tinged with blood, at times black, presenting the appearance of coffee grounds, and they were sometimes involuntary. Becoming entirely unfit for duty, he was invalided North, and went to Philadelphia, where he remained for treatment. He had by this time lost control of the bowels, and became nervous and very much depressed in consequence. There was no pain, but a constant dragging down sensation at the anus, with a persistent inclination to go to stool. In September, 1877, he went to the Colorado Springs, where he remained two years under treatment without benefit. He then went to Cincinnati, Lancaster, Pa., and Philadelphia, consulting various physicians, finally coming to Washington to consult me. At this time he described his condition as follows: "My disease has been worse in the past year than it has been for the years previous. Some of the peculiarities connected with my case are—pain and throbbing at the back of my head, and difficulty of breathing if from any cause my discharges are suddenly checked. Any excitement, change of weather, receiving unexpected news or callers, any exertion, such as shaving or preparations to go out, invariably cause me to have a passage. From these causes I often have three or four passages, and always two. The discharges vary in form, from flat and tape-like shapes to those of the consistency of mush, and varying in quantity, from half a teaspoonful to a copious evacuation. Inability to lie on either side gives me great inconvenience, and during the last eight or ten months I have been much troubled with flatulency, and occasionally soreness in my bowels."

The patient, when he came under my care, had frequent calls to stool—from eight to fifteen in the twenty-four hours. There was a large hemorrhoidal tumor at the margin of the anus; just within the sphincter there were several small outgrowths the size of beans; when the finger was introduced to its fullest extent, similar growths were felt; at this moment, by directing the patient to strain forcibly, the constricted point of the bowel was distinctly

felt by myself and professional friends who were present at the examination. The endoscope showed epithelial erosion in patches at various points of the rectum.

Under the use of the bougies the stricture was dilated, and the patient greatly improved, the number of dejections being considerably diminished and the strength of the patient much increased. The case is still under observation.

CASE II.—J. T., age, 41, was sent to me in August, 1882, by my friend, Dr. W. H. Bayne, Surgeon of the Providence Hospital, Washington, D. C. His story was as follows: Enjoyed vigorous health until the spring of 1878, when his bowels began to trouble him; from time to time there was looseness, the discharges being occasionally mingled with blood, alternating with constipation. He could not attribute this condition to any indiscretion in eating or to exposure; the appetite was always good and digestion perfect. He admitted that, two years before the beginning of the diarrhœa, that is, in 1876, he had contracted syphilis, having a hard chancre; the sore was cauterized and healed up; the glands of the groin became enlarged, but did not suppurate, and, under mercurial treatment, they gradually diminished in size, and no longer attracted attention. This was the only occasion he had been under medical care until the diarrhœa came on. This was prescribed for four years ago, and since that time he has been in hospital and under the treatment of various physicians; has been cauterized with nitric acid, etc.

When he presented himself to me, the discharges were thin and mixed with pus, occurring three or four times during the night, and as many times during the day. They were involuntary, so that he was compelled to wear a cloth to prevent the purulent and feculent matters from soiling his clothes. His general health remained fairly good (weight one hundred and fifty-six pounds) during the whole period, appetite good, but he was unable to eat vegetables, which caused an immediate call to stool.

Local examination showed the anus to be patulous, the surrounding region being discolored by eczematous eruption. On the left side of the anus was a growth of the size of a nutmeg, which involved both the cuticular surface and the mucous membrane, no line of demarkation separating the tumor from the latter. Upon the mucous surface there was a superficial ulceration, which could readily be inspected by pressing aside the margin of the anus.

In the ampullary region, the entire surface was covered by similar growths, which, however, in some cases, were ridge-like or corded, the long axis corresponding with that of the rectum. Their surfaces were the seat of superficial erosions, and here and there were teat-like projections. At the depth of three inches the bowel was contracted, but the tip of the finger could readily be passed into the constriction.

I removed the growth on the outside with the scissors for microscopic examination; there occurred a sharp hemorrhage, the bleeding vessels could not be closed by ligature, as the tissues were so fragile that the thread cut through them at once, and the vessels were secured by acupressure. The removal of the tender growth facilitated cleansing, and did away with the suffering arising from the contact of the dressings intended to soak up the discharges. The rectum was irrigated with a dilute solution of carbolic acid, alternating with one of chloride of iron, which checked the free secretion, disinfected and rendered the condition of the patient more comfortable. Suppositories of opium and iodoform at night were required. Two or three times a week an elastic bougie, smeared with an ointment possessed of anodyne, alterative and detergent properties, as mercury, iodine, acetate of lead, etc., was directed to be used.

The patient's general condition has improved, the discharges have decreased in quantity, and his existence rendered more tolerable.

Case III.—Mrs. S., age, 55, was sent to me by my friend, Dr. McArdle, of Washington. She relates the following history:

"I have nearly all my life suffered from constipation. About fifteen years ago, injections, my usual remedy, lost all effect. I often took four or five in succession, but with no relief whatever. Since then I have had much trouble, a week often passing without a movement of the bowels; or nature would relieve herself with diarrhœa. About four years ago, I began to have occasional pain at the extremity of the rectum, lasting about ten minutes only, but very severe. The constipation was more obstinate, and often, during the day, great straining and effort would only produce small particles, less in size than my little finger.

"About thirty-seven years ago, I was dangerously ill with dysentery. During the attack I was prematurely confined, ulceration of the bowels set in, and my life was despaired of. While bearing my next four children, during the last five months of pregnancy, I suffered

from a mild form of dysentery, which continued till the birth of the child. After these births I was troubled no more with dysentery, but obstinate constipation set in. Medicine was only a temporary relief, leaving me in a worse condition, injections being of no service whatever. With the torpidity of the bowels the contents passed became of smaller size, the pain and straining greater, until it became almost an impossibility to pass even the smallest quantity."

In this case I was able to pass a No. 4 bougie with difficulty through an obstruction six inches up the bowel, which caused severe cutting pains, and an aching sensation in the region of the sphincter; the patient said she had often felt this before. After a few weeks treatment, a No. 10 bougie was used with success, and the patient improved. The size of the fecal mass increased, but it was still flattened on one side and deeply grooved. The patient was taught to use the instrument herself, and she subsequently reported that her health had greatly improved, and that she could walk without the violent palpitation she had so often felt in exercising. Her bowels had become almost regular in their movements, with no pain, which had not been the case for years.

EXPULSION OF FOUR HUNDRED AND FORTY-ONE LUMBRICOID WORMS WITHIN THIRTY-FOUR DAYS.

By A. C. POLE, M. D., BALTIMORE.

E. P. (female), age, seven years. Had been complaining for months of colicky pains in the abdomen and of sick stomach. Her face would change color frequently; sometimes pale, at other times flushed. Her skin was usually of an icteric hue, appetite variable, bowels usually costive, but always responded easily to medicine. Slept well at night. No nervous disorders. She had been treated at various times for biliousness and for worms by other physicians as well as by myself. For the latter condition medicine yielded a negative result. She had never at any time passed any worms.

On Sunday, April 16, she was again brought to me for treatment, more particularly for the flushing of the face, the yellow condition of the skin, and for cramps in the stomach. Her father stated that, while visiting in the country a week previous, she had a fainting spell, for the cause of which the doctor who saw her could not account. He, however, prescribed some worm powders, which failed to expel any worms.

Again suspecting worms as being the cause of her tronble, I determined to push treatment farther. I ordered powders of calomel and santonine, one of which was to be given every night and morning. After two powders had been taken, twenty-five lumbricoid worms were expelled; after two more had been taken, forty-five were passed at once. Four more powders brought twenty eight. Thinking all had been expelled, I determined to wait awhile to see whether or not she would have any evidence of others remaining. After an interval of two days her pains increased, and she would complain of a sensation in her throat, as though something was crawling up. I again ordered powders as before, and continued them, with occasional intermissions for two weeks.

During this time she was passing worms in small numbers, until the total had reached two hundred and eighty. At this time, owing to intense pain in the region of the kidneys, I was compelled to stop the powders and give anodynes for a day or two. Bicarbonate of soda and infusion of quassia were then ordered, and given for several days. While taking this last mixture worms were still passing in numbers of one, two and three at a time. The following mixture was given three times a day:

℞ Ol. Chenopodii . . . . gtts ivss.
Ext. Spigelii et Sennæ Fluidi . . ʒi.

This was continued at intervals until the twentieth of May, when the last worms were expelled.

While taking this last medicine she expelled one hundred and sixty-one in lots varying from one to thirty-five at a time. In one night as many as ninety were voided; the total number amounting to four hundred and forty-one in thirty-four days.

After one week had elapsed her feces were examined with the microscope, and ova were found. Powders were again ordered, but failed to expel any worms.

In one week from the time the last were passed she had gained five pounds.

Larger numbers than these have been reported, but such a number in so short a space of time I believe to be infrequent.

Ransom, in his article on intestinal worms, says that cases are recorded in which various numbers, from two hundred to twenty-five hundred, have been expelled from one person within a few months. Cruveilhier cites a case of an idiot in whose intestines one thousand were found. Dr. Condie has known as many as one hundred and twenty to be voided in a single day by a child five years old. Dr. Meigs says: "I have never myself known more than six, eight or ten to be expelled within a few day's time, and very generally there have not been more than three, four or five." Henoch states that he remembers a case in which whole vesselsful of round worms were passed for a number of days in succession. Bartholow says there may be one, two or three worms, or they may reach five hundred or a thousand.

CORRESPONDENCE.

BALTIMORE, Dec. 15, 1882.

Editor Medical Chronicle:

DEAR SIR:—In 1868, my article on the treatment of whooping-cough was published in the Boston *Med. and Surg. Journal.* Since then it has been published in various medical journals in this country and abroad, and in the American Medical Association's transactions for 1876. Latterly I have noticed it published in a few medical journals, notably in Braithwaite's *Retrospect*, and in Western and Southern journals, without, however, giving me credit for the same. Hence this communication.

Believing whooping-cough to be a neurosis, with hyperemia, hyperesthesia and catarrh of the mucous membrane of the air passages, I use the following prescription:

℞ Ext. Belladonnæ fl., ... gtts xii.
Ammon. Bromidi . . . . . ʒi.
Potass. Bromidi . . . . . ʒiv.
Aquæ Destil. . . . . ℥ii

Sig. As a vapor spray, to be inhaled every four hours. Duration of each spray, from five to ten minutes, or until the pupils become dilated.

The above formula has proven a speedy and a very reliable cure for pertussis and other irritable conditions of the respiratory tract, as proven in my practice, and in many cases published. The whoop is arrested in a few days—often after a few applications—thus giving immediate relief to the exaggerated symptoms of the nervous phenomena. It was the ejaculatory and rapid coughing, with stridulous inspiration, with the sudden injection of the vascular supply of the neck, face and head, with the perfect immunity during intervals between explosions, which induced me to diagnosticate this a nervous disease. And the later therapeutics in this disease—viz., ether, amyl nitrite, chloroform, nitro-glycerine, and other anesthetic inhalations—add to the weight of my theory.

Yours very truly,

J. J. CALDWELL, M. D.

N. B.—I might add, in the treatmeut of diphtheria: The continued flow of the steam carbolic spray in the room acts likc a charm upon respiratory surfaces. This, with the administration of milk punch, with fly-blisters to the back of neck, have proven a most successful mode with others and in my experience for several years past. C.

SPECIAL CHRONICLE.

PROGRESS IN THERAPEUTICS. II.

To remove hoarseness, it is recommended to dissolve a small piece of borax in the mouth about ten or fifteen minutes before speaking or singing.

In dysmenorrhœa and uterine pains, Dr. A. E. M. Purdy recommends very highly the bark of viburnum opulus, or high cranberry. A tincture of the fresh or dry bark is made, which is administered in doses of five to ten minims three times a day, in spasmodic

dysmenorrhœa, false labor pains, or after pains. The concentrated tincture made from the fresh drug, one part of the drug to two parts of alcohol was preferred. A number of cases are reported which seem to show that the remedy has undoubted power as a uterine sedative. Dr. Purdy's article is published in the *N. Y. Med. Journ.* for November.

It is said that the objectionable odor of *iodoform* can be covered by the addition of oil of eucalyptus. Tannic acid, tonqua bean, Peruvian balsam and oil of peppermint have not yielded the promised results in removing the penetrant odor of this really valuable drug. The following combination is said, however, to come nearer the desired object than any other heretofore tried:

℞	Pulv. Iodoformi	ʒ *ss.*
	Ol. Eucalypti	f ʒ *ss.*
	Vaselini	ʒ *iv.*

M. ft. ungt.

Iodoform has been used with encouraging success in eye diseases recently. Deutschmann advises it in wounds, corneal ulcers and purulent dacryocystitis, to be dusted into the eye as calomel is used, or to apply an ointment made with vaseline as a basis, the strength being one to ten. Harlan (*Md. Med. Journ.*, November 1, 1882) has used it with success in purulent conjunctivitis.

The treatment of diabetes demands constant attention from physicians. Opium has been used with considerable success for a long time, and more recently codeia has been highly recommended, especially by Pavy and Brunton. It may be given in doses of a quarter to half a grain three times a day, increasing the dose gradually. Pavy increases the dose until he reaches ten grains three times a day. Cavafy has given fifteen grains, and Dr. Ord has obtained marked success from the use of one grain of sulphate of codeia three times a day, after a restricted diet alone had produced no effect on the course of the disease. (*Brit. Med. Journ.*, June 24, 1882.)

Dr. E. F. Tiedemann (*Medical News*, July 22, 1882) adds his testimony in favor of ergot in the treatment of diabetes. He gave ergot in doses of half a dram, combined with fifteen grains of salicylic acid, twenty grains sodium bicarbonate, and ten minims of tincture of opium every four hours. In two months the case had practically recovered.

In giving *opium* to a patient with an irritable stomach, it is advisable to combine each dose with five to ten grains of oxalate of cerium.

Venereal warts are sometimes very troublesome. They may be easily gotten rid of by dusting them twice daily with equal parts of burnt alum and tannic acid. In the course of four or five days the growths can be easily rubbed off.

Artificial *Hunyadi Janos*, as efficient as the expensive natural water, can be easily and cheaply prepared according to the following formula:

Sulphate of magnesia	515 grains.
Sulphate of soda	519 "
Sulphate of potash	3 "
Chloride of sodium	39 "
Bicarbonate of soda	16 "
Water	16 ounces.

Mix. Dose—two ounces and upward.

Jaborandi and its alkaloid pilocarpine have been used since their introduction with varying results in a large number of affections. The diseases in which most benefit has been received are scarlatinal nephritis, as well as chronic forms of Bright's disease, and in most forms of dropsy it has proven of use. In edema of the glottis, and in a case which presented symptoms of effusion at the base of the brain, the remedy has produced marked relief in the hands of the writer. In edema of the lungs it has given quick relief to the oppression of respiration. In certain diseases of the eye, Dr. M. Landesberg (*Med. and Surg. Reporter*, February 4, 1882) has used it with success. The affections in which it gave the best results are hemorrhage into the anterior chamber and vitreous, opacities of the vitreous consequent upon irido-choroiditis, and neuro-retinitis. Urticaria and pruritus are very often rapidly relieved by the use of jaborandi or pilocarpine.

The remedy is best given in the form of fluid extract, one-half to one dram, repeated every fifteen minutes until free perspiration ensues. If great nausea or depression is produced, a dose of whiskey or brandy should be given. The pilocarpine is best administered hypodermatically, in doses of one-eighth to one-fourth of a grain. The muriate or nitrate of the alkaloid is best adapted for this use.

In chronic bronchitis and non-membranons croup of children, the extract of jaborandi has been used with great satisfaction by Dr. B. F. Leonard of this city. He gives four to eight drops three or four times a day. The cough rapidly decreases in frequency and intensity. No bad effects have been noted when the remedy has been given in this way.

Koumyss can be made at home at small cost by the following process: Fill a quart champagne bottle up to the neck with pure milk; add two tablespoonfuls of white sugar, after dissolving the same in a little water over a hot fire; add also a quarter of a two-cent cake of compressed yeast. Then tie the cork on the bottle securely, and shake the mixture well; keep it at a temperature of 50° to 65° Fahr. for six hours, and finally in the ice-box over night. Drink as required. The following cautions should be observed in making the koumyss: 1. The milk should be pure; 2. The bottle should be sound and strong; 3. The yeast must be fresh; 4. The bottle must be opened with care, or the violent effervescence of the liquid may throw it over the clothing or articles of furniture, and stain them; 5. If the liquid is curdled it should not be used, as it indicates that the fermentation has been continued beyond the proper time. Koumyss is nutritious, refreshing and stimulating, and is used with the greatest benefit in cases of irritable stomach where no other food can be taken.

The *vomiting of pregnancy* is one of those functional troubles which often drive the practitioner to his wits' end to find some means of relief. In most cases, three to five drops of wine of ipecacuanha two or three times a day, the first dose being taken before rising, wil give relief. The cauterization of the os uteri with a strong solution of nitrate of silver, forty to sixty grains to the ounce, has also its advocates. Very recently, Prof. A. J. Stone, of St. Paul, informed the writer that the application of tincture of iodine to the os and cervix never failed to give relief in his experience, no matter how violent the vomiting, or how long the affection had continued.

In *nausea and vomiting* due to overloading of the stomach, irritating ingesta, chronic gastritis, reflex influences and sea-sickness, drinking very hot water will often relieve the symptoms. In sea-sickness the writer has had personal experience with it, which was more satisfactory than with any other means. The addition of a little milk and sugar adds to its efficiency. Copious injections of

hot water have also given excellent results in *dysentery* in the practice of Dr. Jno. G. Earnest, who reports three cases successfully treated by this method.

For *spasmodic colic*, Dr. N. R. Derby (*Med. Record*, December 2, 1882) recommends very highly a full dose, eight to ten grains, of quinine. He states that, from frequent personal experience and observation of its effects on others, he is convinced that an attack of spasmodic colic can be cut short or prevented by the administration of this remedy in the dose above stated.

Acute rheumatism has recently been treated by Dr. F. P. Kinnicutt (*Med. Record*, November 4, 1822) with oil of wintergreen. This drug is mainly a methyl salicylate, and seems to have given unusual satisfaction in the cases in which it was used. Dr. Kinnicutt reports twelve cases treated, with reduction of temperature in from one to four days, and complete relief from pain in from three to six days.

The dose administered was ten to fifteen minims every two hours. After the pain had subsided, the medicine was continued in diminished doses. It produced no disagreeable cerebral symptoms, and no gastric disturbance. It may be given in milk, saturating lumps of sugar with it, in capsules, or simply shaken up with water. The remedy has been used with satisfaction in muscular and subacute articular rheumatism.

EDITORIAL.

THE SMALL-POX EPIDEMIC IN BALTIMORE.

Our readers will remember that, in the September issue of the CHRONICLE, we expressed the fear that the small-pox, which then prevailed to a considerable extent, would develop into a widespread epidemic unless certain precautions which we pointed out were adopted by the city government. The attention of the editors of the daily press in the city was called to the imminent danger, and it was suggested to them that by urging upon the public the importance of prompt vaccination, the threatening peril could be averted.

While acknowledging the truth of our statements, the editors of the daily papers, with one exception, omitted to mention this matter, so important to the welfare of our city, fearing that a publication of the facts would injure "the fall trade." The exception noted above was the *German Correspondent*, which published our editorial entire, and, in addition, exhorted its readers to take all needful precautions, such as vaccination, avoidance of exposure to the infection, etc., in order to escape the disease.

Had the suggestions made in the CHRONICLE at that time been adopted, we would have escaped the somewhat severe epidemic of small-pox, against which we have been contending all winter. There was a period, nearly a year before our warning was sounded, when the number of cases in the city numbered less than half a dozen. A little energy directed toward their isolation, and vaccination of the neighborhood where the cases were, would have stamped out the disease. But the legislative branch of the city government could see no danger ahead, and nothing was done until recently. In consequence of the alarming proportions reached by the epidemic, an additional force of vaccine physicians has been appointed, with Dr. I. E. Atkinson as superintendent. At this writing, one week after the organization of this extra vaccine force, and regular domiciliary visits and vaccination of all those unprotected, the number of new cases has markedly diminished.

We have on several occasions referred to the perverted moral sense of those physicians who fail to report cases of infectious disease to the Health Department. Several of those who practice in the infected district in East Baltimore are notorious violators of the recent city ordinance upon this subject, which was published as a supplement to the December number of the CHRONICLE. We should like to see the law enforced in some of these instances.* It might teach the violators to have more respect for the health and life of their fellow-citizens than they show at present. We have been informed on credible authority that one of these individuals—a graduate of a regular medical school, we are sorry to say—tells his patients that *vaccination is not protective against small-pox; that, in fact, those who are vaccinated are the first ones attacked by the disease!* We can only regret that this propagandist of anti-vaccinism cannot

*Since the above was put in type, several of those we had in mind have been arraigned before a magistrate, and held for the action of the Grand Jury.

be shown up without placing him in the position of a martyr to his convictions, a character in which he would doubtless be glad to pose before the sympathetic public.

In this connexion we would like to refer to another matter closely related to what has gone before. At the last meeting of the state board of health, as reported in the *Sun* of January 15, a resolution was adopted asking Governor Hamilton to allow the expenditure of part of the contingent fund appropriated for that purpose in continuing the propagation of vaccine virus by the state vaccine agent. Before this request of the state board is granted, we would suggest to the Governor to inquire as to the comparative cost of the production of vaccine virus by the present state agent, and the cost of virus obtained by purchase from some of the numerous reliable propagators throughout the country. If it should be found that the cost of good virus from other propagators is less than it can be produced for by the state vaccine agent, then we suggest that the president of the state board of health be authorized to draw on the contingent fund to any necessary amount, and furnish virus to residents of the state applying to him for it. It is the concurrent testimony of all those with whom we have spoken on this subject that the present state vaccine agent has failed to furnish vaccine virus to the profession of a quality to inspire confidence in its efficiency.

A "CRANKY" BOARD OF HEALTH.

Four years ago, after an epidemic of yellow fever which carried off over five thousand inhabitants, the progressive citizens of New Orleans formed an *Auxiliary Sanitary Association*, to aid the legally constituted health authorities in placing the city in a better sanitary condition, as a guard against future outbreaks of epidemic diseases. The association has nobly fulfilled its mission, economically administered its trust, and gained the confidence of the country.

On the other hand, the State Board of Health, which is also the municipal health organization, has done little else than maintain quarantine and expend its own energy, and a goodly share of the people's money in raising and keeping up a senseless dispute with the National Board of Health. No one, familiar with the facts and dispassionate in judgment, can doubt that the preservation of New Orleans from yellow fever epidemics during the last three years was

due to the efforts of the Auxiliary Sanitary Association, aided by the National Board of Health, and that the share in this work performed by the Louisiana State Board of Health was a very insignificant part indeed.

Recently this State Board, finding that the public generally had lost confidence in it entirely, adopted a resolution calling on the municipal authorities of New Orleans to suppress the Auxiliary Sanitary Association, because the association performed certain health service in the community which the Board of Health ought to, but did not perform. Up to the present the request of this health board, (*health lumber*, it might more appropriately be termed,) has not been acted on. Being an "outsider," it is of course no affair of ours how the health service of New Orleans is administered; but if we might venture to make a suggestion in the interest of sanitary progress, it would be that the Governor be requested to remove the present State Board of Health as it stands, and appoint in its place a board with sound, decent, practical common sense. At the same time we think the Auxiliary Sanitary Association deserves the gratitude of every good citizen of New Orleans for the vigilance with which it has guarded the city's health in spite of abuse and discouragement.

Knowing the facts in the case, and believing ourselves qualified to give them a correct interpretation, we are impelled to express our opinion a little too bluntly perhaps. We are convinced, however, and we are sustained in the conviction by others more directly interested, that the National Board of Health and the Auxiliary Sanitary Association possess the confidence of the people of the entire South and West to a greater extent than fifty health boards composed of the sort of timber making up the present State health organization of Louisiana could attain.

THE *Independent Practitioner*, through the editorial pages of which we formerly addressed a large constituency, announces a change in its management. Dr. Wilkerson withdraws from all active editorial duties. The medical department will be under the control of Dr. Leigh H. Hunt, a new laborer in the field of journalism. Dr. W. C. Barrett, of Buffalo, an accomplished writer in his specialty, will have charge of the dental department.

JOURNALISTIC CHANGES AND DEVELOPMENT.

With the advent of the new year a number of our contemporaries have taken on a new shape, changed editors, or undergone development in some other direction.

The *New York Medical Journal* has been changed from a monthly to a handsome and solid weekly, which, in paper and press work, is unapproached by any other journal. The editorial conduct of the journal remains in the hands of Dr. Frank P. Foster.

The *Medical Record* has enlarged its page to nearly twice its former size, and, with a larger type and other changes in its make-up, presents to our mind the most business-like appearance among our exchanges. Dr. George F. Shrady still controls the editorial pages of the *Record*.

The *Sanitarian*, which has contributed so much to the diffusion of correct sanitary knowledge under Dr. A. N. Bell's able direction, has also become a hebdomadal, and is likewise much improved both within and without.

The *Maryland Medical Journal*, as noted in our last, appears with an increase in size and an enlarged editorial staff. It is rumored that the *Journal* will soon become a weekly. We trust the rumor is well founded.

The *New Orleans Medical and Surgical Journal* appears with the name of our old friend, Dr. W. H. Watkins, at the head of its editorial corps, which is composed of some of the most forcible writers of the Crescent City. Able as the conduct of the *Journal* has been in the past, we confidently look for many improvements under its new management.

The *Annals of Anatomy and Surgery* also announces a change in administration. Heretofore it has been more or less an organ of the Brooklyn Anatomical and Surgical Society. It has now separated this tie, and developed into a special surgical journal, with a wider sphere of action and usefulness. It is the only special surgical journal published in the English language, and deserves the generous support of the entire profession.

In conclusion, we desire to say that it is our highest ambition to place the MEDICAL CHRONICLE side by side with these advanced representatives of the profession, and trust our friends will give us that material support which is necessary in order to accomplish that object.

FLOTSAM.

Sir Thomas Watson is dead.

Dr. Warren Stone, of New Orleans, died in that city on January 3.

Prof. Friedrich Wœhler, the distinguished chemist, died on the 23d of September last, aged 82 years.

The *Louisville Medical News* has been enlarged, and shows some of the old sprightliness in its editorial columns.

Artificial carlsbad salt can be made according to the following formula: Sodium sulphate, 100 pts.; sodium bicarbonate, 80 parts; sodium chloride, 40 parts. Mix.

Dr. Duhring's excellent treatise on skin diseases has been translated into French. It is to be hoped that a study of it will correct some of the absurd dermato-pathological notions of our Gallic brethren.

From one of the future great cities of the Southwest comes the *St. Joseph Medical Herald*, with Drs. J. L. Geiger and F. C. Hoyt as editors. It looks neat and clean, and is a lively nursling. We wish it success.

We take great pleasure in announcing the definitive withdrawal of Dr. Jos. T. Smith from the Chair of Anatomy in the Baltimore Medical College. The remaining members of the Faculty of that institution must be getting awfully lonesome.

Five students of the College of Physicians and Surgeons and two of the University of Maryland have been attacked by small-pox during the present winter. Two of the former have died of the disease. The others are progressing well toward recovery.

According to the *Sun*, Dr. Teackle has discovered a case of "spontaneous cow-pox" among a herd of Alderney cattle in Baltimore county. A friend at our elbow suggests that it might be a case of accidental inoculation of small-pox virus. A more likely explanation occurs to us. Some practical joker has tried to impose on our state vaccine agent, in order to get some of that contingent fund for the cultivation of vaccine virus.

Dr. H. D. Schmidt's counterblast against the bacillus tuberculosis is published in the *Chicago Medical Journal and Examiner* for December. Although we have no faith whatever in the etiological significance of the bacillus, we fear Dr. Schmidt has failed to establish his position. The fallacy of many of his conclusions is obvious on the first reading of his paper. It will require heavier artillery than his to demolish the beautiful and apparently complete demonstration of Koch.

We are sorry to be compelled to announce the death from small-pox of two members of the class attending lectures at the College of Physicians and Surgeons. The names of the deceased are Silas P. Fairman, of Pennsylvania, and Jos. B. Allig, of Ohio. They were both noted among their classmates for their manliness, perseverance, intelligence and modesty of demeanor. In them the class lost worthy members, the school creditable representatives, and the medical profession laborers of bright promise in the future. Suitable resolutions were adopted by the Faculty, the Class, and the private classes to which they belonged, and published in the daily papers of Baltimore, and in the local press at their homes. We regret that a lack of space prevents the publication of the resolutions in full.

THE

MEDICAL CHRONICLE.

BALTIMORE, MARCH, 1883.

ARTICLE I.

NEURITIS.

By T. S. LATIMER, M. D.

Prof. of Physiology and Diseases of Children, College of Physicians and Surgeons, Baltimore.

By neuritis is here meant inflammation of the whole or any part of a nerve, neurilemma, tube sheath, or nerve fibre.

It is essentially characterized by a multiplication of the nuclear elements—abundant cell proliferation—between the fibres, with consequent atrophy of the fibres—neuritis interstitialis proliferans of Virchow. The nerve is primarily more vascular. Its vessels increased in number and size (Rokitansky). Its connective tissue is enormously increased, and the fibre is at first less firm, owing to this hyperplasia, and to serous effusion within the perineurium and between the fibres. Secondarily, the nerve becomes injected in lines, with minute extravasations of blood, edematous, and finally firm, from a grayish or yellowish, gelatinous fluid, which hardens soon or late at the same time that the surrounding tissue becomes involved.

High grades of inflammation reduce the nerve quickly to a yellowish-red pulpy cord, for which the inflammation and the constricting sheath are solely responsible. The nerve is then tender and easily torn, and its tissue infiltrated with bloody pus; it is colored yellow or brownish-red, or chocolate-tinted. Abscesses may form along its track, and ulcerations finally occur. In less acute

cases the nerve is less regularly vascular, enlarged in some places, constricted in others.

"When the more acute inflammations pass into those of a lower grade * * the nerve trunk is then more irregularly vascular, and is enlarged in some places, and smaller than it should be in others. The induration that affects more or less the whole of the inflamed portions varies in density, so that sometimes there is a long, firm swelling of an inch or more of nerve, or else, in a part moderately hard, there is a succession of firm little fibroid bodies imbedded, and around them a circle of greater vascularity than elsewhere. The color of the nerve is usually some tint of gray or pale lead color, and in all probability the tact corpuscles undergo enlargement and degeneration. The tendency of these cases is usually toward hypertrophy and hardening of the connective structure of the nerve; and also, as a rule, the morbid change tends to march from extremity to centre rather than outward. The result of these alterations is a gradual increase of connective white fibrous tissue, a complete thickening of the sheaths, and, finally, a more or less complete atrophy of the nerve tubes, involving chiefly the white substance of Schwann, and leaving the nerve fibre a mere rod, hardly to be distinguished from the more wavy fibrous tissue about it." (Injuries of Nerves. Weir Mitchell, 69–70.)

The inflammatory action may be strictly localized, even in many traumatic cases, but a tendency to wander as far as the spinal cord is characteristic; hence we have a neuritis migrans, ascendens, and descendens. In the latter case the inflammation progresses centrifugally, leading to secondary affections of the muscles. It is not always, however, propagated continuously, but may step over considerable interspaces which remain unaffected—the neuritis disseminata of Klemm.

The clinical observations of R. Remak in Germany, of Charcot in France, of Paget in England, Weir Mitchell in the United States, with a host of other competent observers, extended and elucidated by the experimental observations of Leyden, Klemm, Kussmaul, Feinberg and Nothnagel, showing the relations of neuritis to paralyses, muscular atrophies, cutaneous eruptions, ulcerations, etc., have given to it a clinical significance of the greatest importance, and to its clinical history I propose in great measure to confine my remarks. Following the plan adopted by Prof. H. Nothnagel, I will

consider the clinical manifestations as they are presented in a purely sensory, a purely motor, and in a mixed nerve, constructing the picture of neuritis, as he has done, solely from the report of cases where the diagnosis has been established by post-mortem observations, or where an unequivocal symptom like swelling of the nerve has been observed during life.

Inflammation of a sensory nerve, then, including, of course, vasomotor fibres, is characterized by pain, herpes zoster, a greater or less amount of febrile disturbance, hyperesthesia, frequently followed by anesthesia, and by trophic disturbance in hair, nails and skin.

In almost every neuritis of sensory or mixed nerves there is pain —pain which rarely, if ever, entirely intermits, although very decided remissions are of frequent occurrence. In this it is essentially distinguished from neuralgia, where, even in the worst cases, there are frequently considerable periods of entire immunity from suffering. The pain of neuritis is spontaneous, but may always, in the first stages, be excited by pressure along the course of the inflamed nerve; or, in neuritis disseminata, at the inflamed points. In the later stages of the trouble, the tenderness sensibly abates, and may be entirely absent, marking destructive change in the nerve fibre.

Pain, therefore, continuous in character, with exacerbations, and when associated with tenderness, though not absolutely diagnostic, is of great clinical significance. Pressure pain radiates both centrifugally and centripetally. According to Baerwinkle, centripetal radiation is due to irritation of nervi nervorum, and signifies inflammation of the neurilemma. Our knowledge of the nervi nervorum is, however, too indefinite to justify such a conclusion.

Zoster so frequently attends neuritis as to be of considerable diagnostic value. M. Charcot says he has seen an herpetic eruption occupy on the right side the entire cutaneous area supplied by branches of the cervical plexus, in consequence of pressure due to cancerous disease of the vertebra, to which the nerves supplying this plexus were subject in their exit through the spinal foramina. The cervical portion of the cord and the cervical nerve roots were healthy, but the spinal ganglia and the nerve trunks were red and tumefied, and both in the ganglia and the nerves there was "a vast multiplication of nuclei." On the left side the ganglia and nerves were unaltered. (Diseases of the Nervous System, 24.)

And Von Bärensprung has shown that an inflammation of the

spinal ganglion and nerves may arise without mechanical cause, and be likewise attended with an eruption of herpes. (Charcot, 25.)

Two interesting cases are recorded in Nothnagel's article, the first of which is taken from Wyss. In this case there was headache, violent, sharp and burning, sleeplessness, loss of appetite, coated tongue, swelling of abdomen, constipation, evening temperature 100.2. After the third day herpes zoster appeared, "and to this succeeded swelling of the upper eyelid and the conjunctiva, with desquamation and localized opacity of the cornea." The autopsy revealed well-marked inflammatory changes in the Gasserian ganglion, and the first branch of the trigeminus.

The second case, from Weidner, was likewise shown, post-mortem, to be a clearly marked inflammation of the same branch of the trigeminus, and of the Gasserian ganglion, and was characterized by the appearance of zoster with "simultaneous signs of inflammation in the eye and acute fever." Paroxysmal pain in the region of the same nerve continued until his death, five years after, but the zoster died away.

Continuous paroxysmal pains in undoubted neuritis of the trigeminus may occur without zoster; but "when along with undoubted peripheral affection in the region supplied by a sensory or mixed nerve there is a simultaneous occurrence of zoster and sensory disturbance, then we can infer the existence of an inflammatory process in this nerve." (Nothnagel, 209.)

Other less significant affections of the skin, such as dryness and cracking, with imperfect growth of nails and hair, and falling of the latter, are not uncommon, but are of less diagnostic value.

Spontaneous neuritis of a purely motor nerve has never been established post-mortem. It has been supposed that many cases of so-called rheumatic facial paralysis have been due to inflammation of the nerve sheath, or, with resulting compression in the narrow, bony canal, from inflammatory exudations. It is highly probable that this is the case, but it has never been proved post-mortem, and in accordance with the limitation set at the beginning of this article, rheumatic facial neuritis must be excluded from consideration. Neuritis of motor fibres can then only be studied in mixed nerves.

The difficulty in arriving at correct conclusions from motorial disturbance is somewhat enhanced by the fact that it is not always

possible to tell whether they are due to direct irritation or inflammation of motor fibres, or are reflex in character. Furthermore, the twitchings and contractions which are commonly taken to indicate such disturbance are sometimes altogether absent in undoubted neuritis of a motor stem. Again, in those cases of neuritis facialis from caries of the petrous portion of the temporal bone that have been established by autopsies, contractions are not spoken of as preceding the paralysis; and we are all aware that contractions may occur without any neuritis whatever.

Of much more importance than the phenomena of irritability are those of paresis and paralysis. These may vary from a slight feeling of weakness to complete loss of power, the more complete paralysis usually occurring later in the progress of the disease. It is probable also that paresis is more commonly due to compression from perineuritic processes, whilst paralysis indicates a true neuritis, affecting the integrity of the nerve fibre. It can scarcely be denied, however, that there may be a purely reflex paralysis without any neuritis whatever, and that likewise there may be a motor neuritis unattended by paralysis. Long continued irritations in the intestinal canal, uterus, bladder and elsewhere have frequently been found causally related to paralysis (Leyden on Reflex Paralysis), without any spinal lesion. According to Leivisson, Setschenow, Herzen, Golz, and others, these may be considered examples of inhibition, as they have proved "that by strong irritation of peripheral nerves, the regular function of the cord (conduction and reflex action) may be completely interrupted for a time. Brown-Séquard, however, was of the opinion that they were due to vaso-motor disturbances; that is, to a reflex contraction of the blood vessels. "If the reflex contraction affected the cord, we have paralysis; if it affects the muscles, we have atrophy of these." (Ibid., 159.) But the experiments on which Leivisson and others rested their conclusions, while showing the possibility of a purely reflex paralysis dependent on inhibition of the cord, showed likewise that inhibitory paralyses are of brief duration. Sir Wm. Gull opposes both the reflex and the vaso-motor theories, and believes that the irritation is propagated per continuo to the cord, and, in support of this view, cites a case of paraplegia following gonorrhœa and syphilis, in which the cord presented extensive fatty degeneration at the level of the sixth dorsal vertebra. Remak also believed these paralyses dependent on a true

neuritis, and Kussmaul records a case of paraplegia urinaria in which he found post-mortem "fatty degeneration of the nerve tubes" of both sciatics. (Ibid., 162.)

Three cases are reported by Leyden of paraplegia urinaria, two of which died, and showed, post-mortem, an intense myelitis, extending in one case even to the brain: but no neuritis connecting it with the vesical nerves could be found. He is nevertheless of the opinion that even in those cases where no neuritis has been made out the inflammation was directly propagated along the nerves to the cord setting up an acute myelitis. This view is apparently based on experiments of his pupil, Tiesler, who irritated the sciatic of dogs and rabbits in various ways, inducing paraplegia. In one of these cases the rabbit died in three days, and the autopsy revealed "a collection of pus where the nerve had been irritated, and a similar lesion within the spinal canal exactly at the spot where the root of the sciatic enters the spinal cord;" thus proving that a local neuritis may occasion a myelitis with paraplegia.

Nothnagel concludes that "motor paresis or paralysis may be present in inflammation of motor and mixed nerves, but is not an absolutely necessary symptom." When paralysis is experimentally induced by division of a nerve, there follow, after a considerable interval, changes in the muscle structure, as well as in its function. Longet has shown that while the motricity of a nerve after section is abolished in about four days, the irritability of the muscle to which it is distributed may continue for over three months; and Schiff saw in two cases the excitability of a muscle continue for fourteen months after section of its nerve. Brown Séquard and Martin-Magron have seen the irritability of the facial muscle survive in the guinea-pig and rabbit for nearly two years; and Charcot observed the "almost indefinite persistence of electrical contractility in the corresponding muscle after excision of the facial nerve." Indeed, most physiologists have come to doubt whether muscular irritability ever entirely disappears as a result of nerve section. So likewise most recent writers have observed that trophic changes in muscle follow nerve section only after long periods. Schiff and Vulpian have clearly shown this, and, according to the latter, fatty degeneration of the muscle fibre is often completely absent, while proliferation of the nuclei of the sarcolemma, and other indications of inflammatory action, are frequently present. Very different in time and character

are the functional and trophic changes in muscle following irritation of mixed nerves. "In fact, it is not rare, in cases of this kind, that muscular wasting of a rapid type, galloping atrophy, as it were, announced almost from the outset by the diminution and loss of the faradic contractility, should be preceded, accompanied or followed, where a mixed nerve is concerned, by more or less acute pain, or by abnormal sensations, all being indicative of the irritation set up in the sensitive nerve fibres." (Charcot on Diseases of Nervous System, 41.)

Precisely similar results follow direct inflammation of a purely motor stem, as in the case recorded by Dr. Erb, following caries of the petrous portion of the temporal bone. The peripheral affections, however, that are referable to nerve irritation may occur spontaneously without the intervention of pressure. And "the necroscopical results that have been obtained in certain cases of organic nerve lesions show the whole series of peripheral affections that we have learned to recognize as a consequence of traumatic lesions." "In these cases the affected nerves have been sometimes found tumefied, infiltrated with exuded matter, and greatly congested. Examined under the microscope, we discern a more or less well-marked multiplication of the nuclei of the tube sheath (sheaths of Schwann), or those of the neurilemma, and sometimes, moreover, all the signs of granular degeneration of the medullary cylinders. Nothing as yet, however, proves that an irritation capable of determining the production of remote trophic troubles may not exist in the nerve without being betrayed by such comparatively coarse lesions." (Charcot on Diseases of the Nervous System, 23.)

Brown Séquard has also shown that nerve irritation alone is capable of occasioning rapid muscular atrophy, preceded by decrease of faradic contractility, and that these results are very slow to follow nerve section.

There can, on the other hand, be no doubt that neuritis of mixed or motor nerves may exist without occasioning either paresis, paralysis, or muscle atrophy.

When, however, these symptoms co-exist with other indications of neuritis, they furnish strong evidence of its existence. Friederich, La Sague and Landouzy refer all cases of neuralgia attended with atrophy to neuritic processes. But whilst muscle atrophy, with other symptoms, is strongly indicative of neuritis, its absence is no evidence of the non-existence of neuritis.

In inflammation of mixed nerves however, the sensory disturbance is most pronounced, and first to appear.

The most valuable of all neuritic phenomena, from a diagnostic point of view, is swelling of the affected nerve, which, according to Nothnagel, when clearly made out, is alone sufficient to establish the diagnosis. This swelling is always due to inflammation of the connective tissue sheath, and it may be doubted if it is ever found where the fibres alone are affected.

We have seen that a characteristic feature of neuritis is its disposition to wander. It may travel downwards and produce paralysis and atrophy, or upward to the spinal cord, inducing most frequently peri-pachymeningitis, or a true myelitis or myelo-meningitis; and Feinberg and Klemm have shown that the inflammation may be propagated to the encephalon.

But it is a notable fact that secondary troubles in the nerve centres do not require a continuous propagation of the inflammation; indeed, they appear more frequently in neuritis disseminata, and have been found to occur from simple nerve irritation, unattended by any gross anatomical changes in the nerve indicative of inflammation (tetanus). A neuritis of one side may also extend to the other without necessarily involving the spinal cord. This disposition to wander and to induce secondary affections especially distinguishes traumatic neuritis; and Leyden declares, with especial reference to leprosy, "that the inflammations of nerves with extensive anatomical lesions are just those that show a slight tendency to extend further (to the central apparatus)." Nothnagel, 229.

Tetanus and epilepsy have so frequently been found associated with neuritis, and the latter has so often been relieved by removal of cicatrices, and of foreign bodies pressing upon nerves, as to make the conclusions reasonably certain that neuritis may often be the only exciting cause of these affections in the predisposed; but tetanus has been shown to occur without the slightest indication of inflammation in the injured nerve.

I feel entitled to conclude, from the facts recited, that continuous pains, with exacerbations and tenderness on pressure, herpetic eruptions in the painful region, paresis or paralysis, with muscular atrophy, whilst not absolutely conclusive, furnish strong reasons for assuming the existence of a neuritis, more especially if a definite cause for its production is known.

ARTICLE II.

BURNS AND SCALDS TREATED WITH SODII BICARBONAS.

By SPENCER M. FREE, M D., Dagus Mines, Elk Co., Pa.

A few months after coming to this place I had occasion to treat a severe burn of the nates in a child under two years of age. I used the carron oil and cotton, which has been fairly satisfactory, though slow. The progress of this case being unsatisfactory I began to search for better treatment. I remembered having heard or read of the use of soda. I also found in my notes of the lectures of the late Professor Brown of the College of Physicians and Surgeons of Baltimore, that "a saturated solution of bicarbonate of soda is one of the best local applications to frost bite." Why not then to burns? Occasion for trying it soon offered, and since then I have used nothing else. I have treated only about thirty-five cases, but so satisfactory have been the results that I am anxious to know whether my experience agrees with that of other practitioners.

So far as my opportunity of investigation extends, I find the literature of the subject not abundant, and only recently did I learn that Dr. Peppercorne, an English physician, was among the first to call the attention of the profession to this remedy. I find in the *Maryland Medical Journal* of May 1, 1882, a report by Dr. Taneyhill of Baltimore, of a severe case successfully treated by him in this way. One of the points most insisted upon in all plans of treatment of burns and scalds is not to remove the dressings oftener than absolutely necessary. Thus far in my experience with this treatment, necessity has not required removal of them, and I should not take them off unless some very urgent symptom indicated.

The plan which I find most satisfactory is this: direct a basin or small bucket half full of cold water to be brought and two or three handfuls of bicarbonate of soda to be put into it. Stir well. Then secure a piece of old, soft muslin (a pillow case or sheet is usually brought), fold it a few times and dip it into the solution. Squeeze it just enough to prevent dripping and apply it to the burn; if it is a limb wrap it entirely around it. Direct the cloth not to be removed, but the solution to be well stirred and put on it over the burn every five or ten minutes, never allowing the cloth to become dry. If no

bad symptoms are present I do not examine the surface for one or two days or more, according to the severity of the case. I prefer the muslin (cotton cloth) to the cotton, because it readily absorbs the solution, and if folded a few times protects the part sufficiently. I prefer the solution cold, and direct a fresh supply to be prepared as soon as that in use becomes warm. The pain will be relieved in most cases in less than a half hour. The means for using this treatment are always at hand or quickly procurable, and easily managed by even ignorant people. Whether equally applicable to burns beyond the third degree, I cannot state from experience. Several physicians with whom I have conversed have lauded the treatment, but have not had experience with it in cases beyond the third degree. One practitioner of nearly forty years experience, says it is the most satisfactory treatment he has used. I shall mention only three cases which are fair representatives of the varieties usually met with.

CASE 1.—Mrs. S—, aged 48 years, was carrying a coal oil lamp, when it exploded. The right hand and arm were badly burned and the left hand slightly. Found her in much pain. Ordered the "soda water" at once. Gave ten minims of Bartholow's solution of morphia and atropia, and left a few five minim doses. The next morning I found her comfortable. No pain: had slept well most of the night, and had not needed a second dose of the anodyne. The soda solution continued for two days before examining the burn. Recovery prompt and complete.

CASE 2.—J. R—, girl, aged 10 years. The mother said "a three-quart pail of boiling water was upset on her." They removed the clothing and applied soda water. I found the left shoulder, the arm almost to the elbow, the breast and part of the abdomen and side, badly scalded. Also a spot on the anterior aspect of the thigh. Ordered the soda solution continued, but applied more frequently. No anodyne taken though I left Dover's powder. Relief of pain was almost immediate. Recovery prompt.

CASE 3.—J. D—, boy, 14 years. Another boy ran against him, his lighted mining lamp striking him in the eye. I saw him about two hours after the accident occurred. No treatment, boy crying, family excited, &c. On examination, found much swelling, and I could with difficulty see the eye-ball, which was covered with a white film. The cheek, side of nose and upper eye-lid were considerably burned. The cheek just over the malar bone for a space as large as

a silver dollar was denuded and showed several bleeding spots. The case seemed somewhat unpromising. Soda solution applied at once and continued for four days. The pain rapidly subsided, and sleep was obtained the same night without an anodyne. Recovery prompt without suppuration.

The dressings were not removed in any of these cases until all bad symptoms were past. Especial attention should be directed to the speedy relief of pain, which I have found to be the uniform effect of the application of the soda solution.

HOSPITAL REPORTS.

MARYLAND WOMAN'S HOSPITAL.

SERVICE OF PROF. A. F. ERICH.
Reported by T. J. Shackelford, M. D., Resident Physician.

CASES OF UTERINE HEMORRHAGE.

CASE 1.—A. F.—, White, American, age 33, married, leading an inactive life. She has been married since her twenty-eighth year; has had one child and three abortions. Her last pregnancy (abortion) terminated five months ago. She has had leucorrhœa for the past three years, and more or less dysmenorrhœa for two years past. Since the termination of her last pregnancy she has had almost constant backache and intermittent uterine hemorrhage, the bleeding coming on without regard to the menstrual period. Her digestion is good, bowels regular, and she is fairly well nourished.

On admission her pulse was 104, temperature 98.8, and respiration 18. Digital and speculum examination revealed slight retroflexion, uterus enlarged, with os patulous, but not large enough to pass the finger into the uterus. There was considerable cervical catarrh, with granular erosion of the os. A tupelo tent was introduced and the patient put to bed. On the following day, the tent was removed, and the examining finger discovered a mass of soft, fleshy tissue on the right side of the interior of the uterus. Under ether this mass was scraped out with the dull wire curette, and the cavity swabbed out with Monsels' solution.

The next day a tonic of quinine and iron was directed, with good food and rest in bed. No bad symptoms whatever followed the operation. A week later the granular cervix was painted with a twenty-grain solution of silver nitrate, which was repeated twice a week. The patient was discharged, well, eighteen days after admission.

Case 2.—Mrs. H. White, American, age 28. Widow; slight build; digestion good; bowels constipated; has a few small hemorrhoids. She suffers from dull pain in the back, and occasionally in the inguinal region. Menstrual discharge is excessive, and she has frequent hemorrhages in the intervals between the menstrual periods. Digital examination revealed a slight enlargement of the uterus, os closed, and firm to the touch. A sponge-tent was introduced, and followed on removal the next day by a tupelo tent. Twenty-four hours later, the os being not yet sufficiently dilated to introduce the finger, dilatation was accomplished, under ether, with Peaslee's hard rubber dilators. The finger being then introduced, the interior of the uterus was found soft and granular to the touch. Diagnosis: Fungoid degeneration of the endometrium. The cavity of the uterus was thoroughly mopped out with fuming nitric acid. No bad results followed the application of the acid, and the hemorrhage never returned. A week afterward a twenty-grain solution of silver nitrate was applied to the interior of the uterus, and repeated twice at shorter intervals. The patient was discharged, well, eighteen days after admission.

These two cases illustrate conditions very frequently existing in patients presenting themselves for treatment at the hospital. In the first case the hemorrhage resulted from the retention in the uterus of a portion of the placenta at the time of her last miscarriage. Had the case not received appropriate treatment, the patient would eventually have succumbed to the continual loss of blood, or perhaps to septicemia from absorption of decomposing matters in the uterus. This case calls attention to the necessity for a careful removal of all the contents of the uterus after an abortion has taken place. The medical attendant neglects the most important part of his duty if he fails to assure himself of his patient's security against subsequent hemorrhage in these cases.

The second case is a familiar example of the beneficial results of appropriate treatment in a class of cases so often given up as hope-

less. The application of strong nitric acid to the interior of the uterus looks at first sight like heroic treatment, but the experience of Atthill, of Dublin, Prof. Erich, and others, has demonstrated its great value in cases such as the one here related.

Of course, tonic treatment, good food, rest and relief from pain are indications that must be met in all cases.

SPECIAL CHRONICLE.

RECENT PROGRESS IN DERMATOLOGY.

By GEORGE H. ROHÉ, M. D.

Warts and corns are so frequently a source of discomfort or pain to those unfortunate enough to possess them that any remedy which promises to remove them, short of the knife, caustic, or actual cautery will doubtless be warmly welcomed by the profession. At the last meeting of the American Dermatological Association (*Med. Chronicle*, October, 1882), Dr. Jas. C. White gave an account of a very successful experience with the following remedy:

℞	Acidi salicylici	ʒ *ss.*
	Ext. cannibis	grs. *x.*
	Collodii	ʒ *i.* M.

This is painted on the corn or wart in successive coats at short intervals until three or four layers are applied. The next day the growth can be easily scraped off. The reporter has tried this in several cases of corns with good effect. Care should be taken not to make the application to the sound skin, as it sometimes causes an unpleasant degree of irritation.

Unna (*Monatshefte f. prakt. Dermatologie*, May, 1882) speaks highly of the value of the application of an *arseniated mercurial plaster* in destroying warts. This is applied continuously, and, in a few days, the growths become flattened, yellowish-white in color, and in the course of a week or two disappear entirely. No sloughing of the warts takes place, but they undergo gradual absorption. The application used by Unna contains from five to ten per cent. of arsenic. The combination may be made as follows:

℞ Acidi arseniosi . . . . grs. xii–xxiv.
Ungt hydrargyri . . . . ℥ ss. M.
ft. Ungt.

This is to be spread on muslin or adhesive plaster and applied to the parts containing the warts. It should be kept applied constantly, or at least at night. It would be well, however, in using this to guard against absorption of mercury.

The treatment of Alopecia Areata is generally very unsatisfactory. Vidal and Fournier apply vesicating plaster every two or three days on the bald spots. After two or three applications, it is said the disease does not progress. The vesication is kept up until strong hairs begin growing. When this point has been attained, tincture of cantharides is rubbed into the patches twice daily with a stiff brush. If the region of the beard is affected, daily shaving should be practised in addition to the cantharidal applications.

Michelson, who refers to the above method, gives his own practice in these cases. He uses salt-water baths (5 per cent. common salt in the bath), of a temperature of 95°–97° F. The baths are taken three times a week, the patient remaining in the bath for twenty-five minutes. While in the bath, the diseased patches are rubbed with a flannel rag dipped into the salt solution. Twice a week the faradic current is passed through the affected skin, using the electric brush as electrode. The sittings last ten minutes. On those days on which no baths are taken the diseased patches are to be rubbed with a somewhat stronger salt solution. Good food, and, if necessary, tonics are to be given in addition.

Pruritus ani is one of the most troublesome of the minor affections that sometimes annoy people. According to Dr. N. L. Folsom (*Mich. Med. News*, Oct. 25, 1882), the essence of peppermint, repeated as often as necessary, gives relief when applied directly to the part. He also advises an ointment of alum, and bathing the parts with cold water on retiring for the night.

Epithelial cancer of the skin has been successfully treated by Dr. W. A. Collins (*Cinti Lancet and Clinic*, July 15, 1883), according to the following plan: Ergot ground to an impalpable powder was applied thickly to the ulcer three times a day, the ulcer being thoroughly washed once daily. The powder was applied dry. After each application the ulcer was covered with a muslin rag wet with the following lotion:

℞ Acidi carbolici . . . ʒ i.
Acidi sulphurosi . . ʒ iv.
Glycerini . . . . ℥ i.
Aquæ . . . . ℥ iiss. M. Sig. Lotion.

Quinine, iron, cod-liver oil, and other roborant remedies, were also given.

In rhus poisoning, the itching and burning are markedly relieved, according to Hardaway (*St. Louis Courier of Medicine*), by a solution of sulphate of zinc, half an ounce in a pint of water, to be applied every hour during the day, and several times during the night. In some cases the eruption is aborted in two days. In no case has he found it necessary to continue this treatment beyond four or five days.

Superficial exfoliation of the tongue has recently received considerable attention, especially from Fairlie Clarke, Caspary, Unna, Parrot and Gautier. The results of these researches are summarized in the *Monatshefte fuer Praktische Dermatologie*, Nos. 2 and 7, 1882. The clearest description is given by Clarke, the latest writer on the subject, in the following words: "A circumscribed patch of the lingual epithelium assumes a white, opake appearance, as if it had been painted over with a solution of nitrate of silver. The details of the papillary structure are lost, and the area is merely mapped out with a few delicate ramifying grooves. This appearance is due to a slight accumulation of the epithelium, which becomes infiltrated and matted together into a smooth and almost uniform surface. The cause of it, no doubt, is a slight inflammation in the deeper layers of the mucous membrane, which interferes with the vitality of the epithelium. After the lapse of a day or two, the epithelium is detached from the subjacent mucosa, and is thrown off, either in the form of minute particles or of larger scales. If appropriate treatment is adopted, or even, I believe, without any treatment at all (at least in the earliest stages of the disease), the epithelium is speedily restored; so that it may be difficult to tell where the exfoliation was situated. But ere long another patch turns white and opake, and goes through the same series of changes; and thus the disease progresses. The exposed mucous membrane looks raw and of a deep red color, and the surface is slightly swollen. The inflammation in the deeper part of the mucosa seems

to begin in a point, and thence to spread in somewhat of a circular form, for the patches of the epithelial layer which are thrown off are very frequently of a round or oval shape. I have seen tongues in which this had gone on to such an extent that the whole surface was mapped out in patches, more or less circular, leaving slender bands of epithelium between them. Such tongues have a generally red, raw look, and the bands of sound epithelium stand up from them with remarkable distinctness. After this patchy exfoliation has gone on for some time, it encroaches more and more upon the healthy epithelium, till at length the tongue is quite denuded, and the whole surface has an uniformly red appearance, with crescentic markings or depressions upon it."

The affection so graphically described, Clarke believes to depend upon inflammation affecting first the deeper layers of the mucosa, and secondarily impairing the vitality of the epithelium. This inflammation he believes to be "the outcome of some constitutional irritation," which may be dyspeptic, gouty, or syphilitic.

The treatment consists in the removal of any constitutional cause that may exist; locally, the tongue should be carefully dried and lightly touched with the solid nitrate of silver, or painted with a solution of the same.

The prognosis, when the disease is advanced, is unfavorable. "Neither local nor constitutional remedies produce any effect, and in many instances there is this further difficulty to contend with—an irritable digestion has given rise to an exfoliated tongue, and an exfoliated tongue aggravates the irritable digestion. Thus the disease progresses in a circle, and progresses continuously."

[The writer is unwilling to concur in this unfavorable prognosis of Mr. Clarke. In a case of considerable persistency and extent recently under treatment, the tongue assumed a healthy appearance after the administration for several weeks of the dilute nitro-muriatic acid in fifteen-drop doses thrice daily. Whether the disease has returned is unknown, as the patient has since removed from the city. The patient was a persistent smoker, and suffered, when he first came under treatment, from malarial fever contracted in the South. Restriction in the quantity of tobacco used, large doses of quinine, and the nitro-muriatic acid, resulted in a complete cure, temporary at all events.]

CURRENT LITERATURE.

U. S. GOVERNMENT MEDICAL REPORTS.

1. Reports of the Surgeon-General of the Navy, Vols. IV, V and VI, 1879 and 1880.

2. Annual Reports of the Supervising Surgeon-General of the Marine Hospital Service, 1881, 1882.

3. Preliminary Report on the Yellow Fever Epidemic of 1882 in the State of Texas.

4. Annual Report of the National Board of Health, 1882.

1. In the series of reports issued under the direction of Surgeon-General Wales, much interesting and valuable matter is contained. In the fourth volume is an exhaustive essay on Leprosy by Surgeon George W. Woods, who made personal observations of the disease in the Sandwich Islands. Assistant Surgeon Jno. C. Wise writes a brief report on the bubonic plague, which a few years ago threatened an irruption into Europe. Medical Director Albert L. Gihon furnishes an elaborate report upon the sanitary arrangements of the Naval Academy at Annapolis. The recommendations and suggestions strike us as wise. A number of valuable tables illustrate the article.

A well-written report on the Naval Hospital at Chelsea, Mass., is contributed by Medical Director Joseph Wilson, who points out the excellences and defects of this picturesquely situated institution.

The topography and sanitary arrangements of the Kittery Navy Yard are fully reported in an illustrated article by Medical Director C. J. Cleborne.

Medical Inspector T. J. Turner analyses the statistics relating to the health of the navy in a brief and interesting paper.

Other papers of value and interest are reports on "Transportation of the sick and wounded in vessels of war," by Dr. A. L. Gihon, "Life-saving at Sea," by Dr. C. J. Cleborne, "Air and Moisture on Shipboard," by Dr. T. J. Turner, "Yellow fever at various points in 1878," together with a number of clinical reports.

In the report for 1880, the papers of most interest to us are an abstract of the sanitary investigations made by Surgeon J. H. Kidder

in the laboratory at Washington, and the memorandum relative to vessels employed on Arctic service. In the latter, all the sanitary knowledge gained in previous expeditions is collected in small compass and admirably presented.

As a whole these reports reflect credit upon the medical officers of the navy and the present efficient head of the service.

2. In the report of the operations of the Marine Hospital Service for 1881, the most interesting contribution is a series of papers on Beri-beri, with micro-photographic illustrations of the blood of patients suffering with this curious disease. A number of clinical reports with results of post-mortem examination are also contained in the volume.

In the report for 1882, Surgeon H. W. Sawtelle furnishes an interesting clinical report of seventeen cases of rheumatic effusions in joints treated by aspiration. Passed Assistant Surgeon W. H, Heath reports seventeen cases of hernia operated on by Heaton's method with twelve successes. Assistant Surgeon Chas. E. Banks contributes a valuable paper on aneurysmal varix, with the report of a case of the disease involving the external iliac aud femoral vessels. Cases of aneurism of the femoral and popliteal vessels are reported by several observers. A case of molluscum fibrosum, with a micro-photographic illustration taken at the laboratory of the Navy Department, is reported by Acting Assistant Surgeon A. C. Hamlin. A large number of brief reports of cases with autopsies is included in the volume.

In the appendix to the report, Surgeon Walter Wyman contributes an essay on the Hygiene of Steamboats on the Western rivers. Dr. Wyman concludes his able paper with the following opinion: "The man who ships as ordinary seaman on a whaling vessel, bound for a three-year's cruise in the Arctic seas, stands a greater chance of returning with his life and health than does he who labors for one or two cold winter seasons upon the deck of an Ohio river stern-wheel passenger steamboat." Evidently Dr. Wyman's opinion of the sanitary arrangements of the Western river steamboat is not a very high one

3. This pamphlet contains the mail and telegraphic correspondence bearing upon the epidemic of yellow fever in Southern Texas last summer. Surgeon General Hamilton is an advocate for the sanitary *cordon*, and shows that by its rigid enforcement yellow fever

can be limited to an infected centre. The success of the *cordon* in this and other instances does not prove, however, that other methods of limiting the disease, less costly and less oppressive, do not exist.

4. The report of the National Board of Health reviews the work of the board during the four years of its existence. The board repels the charges that have been made against it, in and out of Congress, that it had transgressed its authority and exceeded the functions conferred upon it by the Act of Congress constituting the board. The charge that its work had been performed at an extravagant expenditure is also shown to be false. An appeal is made for a sufficient appropriation to continue the important researches begun under the direction of the board, and left unfinished for want of means. These relate to the filtering capacity of soils, and the causes and nature of malaria. These investigations are of such great importance to sanitary progress that provision should certainly be made for their continuance, even if all the other work of the board were turned over to another department of the Government.

First Annual Report of the Board of Health of Detroit. 1882.

A little over a year ago, Dr. O. W. Wight, who had gained an excellent reputation as health officer of Milwaukee, was appointed health officer of Detroit by the newly created board of health of that city. The neatly bound and printed volume before us gives an account of the work which has been done during the first nine months of Dr. Wight's administration. A number of excellent and suggestive essays on such subjects as the management of contagious diseases, preventive management of small-pox, sewerage and house drainage, slaughter houses, milk, ice and water supply, give the report a value to the general public that few other publications of the kind possess.

Menstrual Amblyopia. By M. F. Coomes, M. D., Professor of Physiology, Ophthalmology and Otology, Kentucky School of Medicine. Reprint from *Medical Herald*, October, 1882.

Some Thoughts on Phthisis, with special reference to the value of laryngeal symptoms in Diagnosis. By M. F. Coomes, M. D. Reprint from *Archives of Laryngology*, July, 1882.

The Columbus Medical College Imbroglio. Supplement to *Columbus Medical Journal*, December, 1882. Pp. 8.

EDITORIAL.

METEOROLOGICAL OBSERVATIONS AND THE MEDICAL PROFESSION.

Physicians are generally agreed that meteorological conditions have an important influence upon the causation, development and spread of many diseases. Nearly, if not quite all the acute infectious diseases show a decided relation between the state of the weather and the progress of the disease. The same is true in perhaps a still greater degree between climatic changes and diseases of the respiratory and digestive systems. That rheumatism is intensified by a high humidity, especially if accompanied by a low temperature, is generally accepted, and the exact researches of Dr. S. Weir Mitchell have beautifully demonstrated the dependence of neuralgic attacks upon the passage of storm areas across the continent. The most "fortunate" lithotomist in this country, Dr. Alan P. Smith, of this city, stated a few years ago that he "never operates when the barometer is low," preferring to postpone his work from day to day until the weather becomes bright and clear. He adds: "This rule, I believe, applies equally to all grave surgical operations which will admit of delay." The great importance attributed by all sanitarians to the influence of the meteorological conditions, and the many striking relations between those conditions and the morbility returns brought out by Mr. Alexander Buchan, of Scotland, render it unnecessary to urge upon all physicians a study of these relations.

Meteorological observations had been made in this country in a perfunctory sort of way for many years, until, in 1870, Dr. Albert J. Myer, the chief signal officer of the army, conceived the idea of having a reliable and unbroken series of observations made at frequent intervals throughout the day and night, and transmitted by telegraph to Washington, with the view of furnishing storm warnings and weather predictions for the benefit of the commercial and agricultural interests of the country. With an energy which nothing could repress, Dr. Myer brought his influence to bear upon the representatives in Congress, and secured a small appropriation for the purpose of beginning his important work. This was the beginning of the meteorological division of the Signal Service, which has

rendered such valuable service since its organization to the various business interests in which the people are engaged.

Although the commercial and agricultural interests were made most prominent and derived most benefit from the work of the Signal Service, the important bearing of this work upon medical science had never been lost sight of by its author, who, on being appointed chief signal officer, had been promoted to a brigadier-generalship. On frequent occasions Gen. Myer called the attention of Congress to the importance of extending the field of operations of the Signal Service, in order that such observations could be made which could be utilized in the prevention of disease. Physicians have always received the most courteous treatment from the officers of the service, and any assistance that could be rendered in investigating the relations of the weather to diseases was cheerfully given. In many of the large cities, a regular weekly report of the meteorological conditions is published with the current health report. During the several epidemics of yellow fever in the South, the unbroken series of meteorological observations which have always been kept, have been of great value in deciding certain points with regard to the spread of this disease.

It must be apparent to everyone that the great value of these reports lies in the confidence which scientists can place in them. If they are unreliable, their value is absolutely nothing. If the series is broken by the absence of observations for days or weeks, their value is also largely destroyed. Hence, to make the reports of use to physicians and sanitarians, they must be reliable, uniform, and the series unbroken. Experience has demonstrated that such observations as are demanded can only be secured under the strictest discipline, by observers especially trained for the work, and holding their position during good behavior, and not at the will of some political chieftain. The present organization of the service under Gen. Wm. B. Hazen, the successor of the late Gen. Myer, is satisfactory, with the exception of the somewhat uncertain tenure of the officers of the line who are detailed for special duty in the service. However, certain representatives in Congress, ambitious apparently of controlling the appointment of some of their protegés to good positions for which they are probably not qualified, and finding it impossible to attain their desire under the present military organization, are making efforts to have the service transferred from the War

Department to one of the civil departments of the Government. In other words, the attempt is being made to create an additional political machine, by making appointments in the Signal Service depend upon political work. This is a matter which concerns physicians quite as much as it does merchants, sailors or agriculturists, and we urge everyone of our readers to make a personal appeal to the representative in Congress from his district, protesting against this proposed transfer. Physicians are, as a rule, not politicians, and have no sympathy with political machinations. By a general effort they can materially assist in defeating this objectionable measure.

LABORATORY WORK AT THE COLLEGE OF PHYSICIANS AND SURGEONS.

After the present session the College of Physicians and Surgeons of this city will require from students, as an indispensable condition to graduation, practical work in the biological laboratory attached to the College. The practical course may be taken during either the first or second session, or during the spring term. The laboratory work will be under the direction of Profs. Latimer and Booker. It is also contemplated to make practical work in the chemical laboratory obligatory as soon as arrangements can be made for the large classes in attendance. Heretofore, this school has rejoiced in clinical facilities unexcelled anywhere; the advance now made places it at once on a level with the most progressive schools in the country.

FLOTSAM.

On the eighth of January, the Baltimore Medical Association celebrated its 16th anniversary, by a fine supper at Shafer and Kerlinger's on Eutaw St.

Dr. Jno. V. Shoemaker of Philadelphia, editor of our enterprising contemporary, the *Medical Bulletin*, has just been appointed lecturer on dermatology for the spring session, at the Jefferson Medical College.

The *National Druggist's Journal*, is a well-filled journal coming to us every two weeks from Cincinnati. Its matter is as interesting to physicians as to pharmacists and it is furnished at $1.00 per year.

THE MISSISSIPPI Valley Medical Monthly has changed editors, Dr. F. L. Sim succeeding Dr. Wise. It is sufficient praise to say that the Monthly has suffered no diminution in value and practical character from the change.

A POLICLINIC has been started in Philadelphia. The faculty includes Drs. Levis, Morton, Thomson, Burnett, Cohen, Leffman, Shakespeare, Mills, Roberts, Wilson, Van Harlingen, and Duer. A stronger combination could hardly be made in the city of Brotherly Love.

SINCE OCTOBER last, three deaths occurring during the administration of chloroform, have been reported in this city. Two of these, in which death was attributable to the anesthetic used, *and not to any want of care in its administration*, occurred in one hospital.

DR. Sidney O. Heiskell has been appointed assistant physician at the Baltimore Quarantine Hospital, *vice* Dr. Severn P. Costin, deceased. Dr. T. Fraser Thomas succeeds Dr. Heiskell as assistant physician at Spring Grove Insane Asylum. It would have been difficult to make two better appointments than these.

THE Medical and Surgical Society of Baltimore held its annual meeting, followed by an elegant banquet at Shaw's, on the fourth Monday in January. Dr. E. M. Reid was elected President, Drs. Chas. Fred. Percivall and J. W. Chambers, Vice Presidents, Drs. W. N. Hill and C. S. Parker, Secretaries, and Dr. W. H. Norris, Treasurer.

ONE OF the worthy charities of Baltimore that we have omitted to notice before through inadvertence, is the Eye, Ear, and Throat Charity Hospital, located at 186 Franklin St. The attending staff consists of Drs. Russell Murdoch, S. L. Frank, I. Bermann, Sam'l Theobald, Sam'l Johnston, J. H. Hartmann, Jno. N. Mackenzie and W. D. Booker.

DR. SEVERN P. COSTIN, a young physician of bright promise, and for the past year, assistant physician at the Baltimore Quarantine Hospital, died on January 30, at the age of twenty-three. By his skill and uniform kindness, he had endeared himself to the many sufferers from small-pox who had been under his care during the past winter at the hospital.

A LIVE barber who is practicing medicine on a stolen diploma and a dead doctor's name, has just been exposed by Dr. Rauch's swindle ventilator, known as the Illinois State Board of Health. This individual calls himself Dr. Henry A. Luders. Dr. Rauch requests that he be passed around. If he should chance to come this way, we will give him some free advertising that he will hardly relish.

THE ADDRESS at the approaching commencement of the College of Physicians and Surgeons of Baltimore, will be delivered by Senator Dan. W. Voorhees, of Indiana, the "Tall Sycamore of the Wabash." The commencement will be held at the Academy of Music on March 1, at 12 o'clock. The renown of the eloquent orator will doubtless attract a large attendance, and make the occasion one worthy of remembrance.

One of the most useful books for the family is a recently published volume entitled "*How to Live; or The Philosophy of Housekeeping.*" It contains chapters on the alimentary process, the chemistry of food, the selection, preservation, and cooking of meats, fish and vegetables, bread-making, food for children, the aged and sick persons, clothing, domestic hygiene, domestic architecture and ornamentation, how to set and serve a table, and a multitude of other things which all housekeepers should know. We think all doctors and all doctors' wives at least should know how to live, and hence we would advise all of the former to get a copy of this handy book and give it to their wives to study and practise according to its precepts. Mr. Henry C. Erich, 265 N. Gay St., Baltimore, is the agent for the book.

A Bill to regulate the practice of medicine in Michigan, has been drawn up by Dr. Henry B. Baker of that State. The bill provides that every person intending to begin the practice of medicine in Michigan, after the bill becomes a law, shall pass an examination before a State Board of Medical Examiners "as to proficiency in the English language, and in the sciences of Anatomy, Physiology, Pathology, Etiology, Chemistry, and Toxicology." A diploma is to be no safeguard against this examination. The graduates of Harvard, the University of Michigan and those who rise from the shoemaker's bench would alike be compelled to submit to it. There is a tendency manifested in state examining boards to swing too far to the good extreme. The people are not sufficiently educated up to the point where such restrictions can be successfully imposed. Progress in the regulation of medical practice must be slow. We should be careful not to overreach ourselves by attempting too much. We believe Dr. Baker's measure to be impracticable at present, even if it should become a law in his State.

On Friday, February 2, a notable company gathered at the house of Dr. Jno. V. Shoemaker of Philadelphia, to do honor to Dr. Jno. L. Atlee, President, and Dr. Alexander J. Stone, Vice President of the American Medical Association. In addition to some of the most distinguished of Philadelphia's citizens in medicine, law, the church, and politics, there were present representatives of the medical profession from New York, Brooklyn, Baltimore, Washington, and a number of other cities. Dr. Atlee, although he has practiced medicine for the extraordinary period of sixty-four years, looks as active as many men at the age of forty-five. His simple, earnest character won the hearts of all those who met him for the first time. The modest dignity of his bearing, stamps him as a man altogether worthy of the honor conferred upon him.

The uniform courtesy, hospitality, energy, and professional ability of Prof. Stone are so well known to the members of the American Medical Association that it goes without saying that everybody was glad of the opportunity to shake hands with him. We hope soon to be able to congratulate him on his advancement to the presidency of the Association.

By unanimous consent, Dr. Shoemaker was voted a very prince among hosts. Everybody went away charmed with his generous hospitality, and vowing to get even with him in kind, if ever the opportunity offered.

THE

MEDICAL CHRONICLE.

BALTIMORE, APRIL. 1883.

ORIGINAL ARTICLES.

ARTICLE I.

VALEDICTORY ADDRESS DELIVERED TO THE GRADUATING CLASS OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF BALTIMORE, MARCH 1, 1883.

By RICHARD GUNDRY, M. D.,

Professor of Materia Medica, Therapeutics and Mental Diseases, College of Physicians and Surgeons, Baltimore; Superintendent of Maryland Hospital for the Insane.

Our worthy Dean introduced me to you, ladies and gentlemen, as an apology. I am therefore only an apology for a speaker. You will doubtless receive me as you would hard times and heavy taxes —with becoming resignation as a stern necessity, and try to make the best of it. That you will accord me your attention I am sure from the well-known courtesy of Baltimore audiences. Should my very hastily prepared address tax your patience too long, I can only plead the excuse that Pascal gives for the undue length of one of his letters—that I had not time to make it shorter.

No person within the sound of my voice can regret more than I do the absence of Senator Voorhees on this occasion. From his well-earned reputation, you had a right to expect from him much gratification. Instead of the intellectual banquet he would have set before you, with tempting viands and glorious fruits, the whole feast decked out with fragrant and many-hued flowers, I can only ask you

to partake with me a potage of wholesome herbs, which may prove useful, if not especially fragrant or ornamental.

> "For you there's Rosemary and Rue. These keep
> Seeming and savour all the winter long,
> Grace and Remembrance to you."

There can be, Gentlemen of the Graduating Class, only one other occasion in your lives which can vie in interest and importance to you with this scene. The occasion I refer to is your wedding day. There is, however, a slight difference to be noted. To-day *you* are the central figures on which all the interest of this vast assembly is concentrated. On that other occasion, another will be the chief object of interest to the sympathizing spectators, and each of you will play but a subordinate figure. On both occasions, troops of friends will gather to share in and add to your joy. Their hands will bring flowers to enhance the grace and beauty of the scene; their hearts will swell with satisfaction at your present success, while their best wishes and hopes for your future will find fervid utterance. Then, as now, to each one of you, all will have a roseate hue, and none would seek to dispel the fond illusions of the day. Yet all your true friends will perchance also remember that trials and struggles, disappointments and dangers, must come to you as to all men—trials which may make you stronger and better if you grapple with and conquer them, or may (which God forbid) result in failure and disaster. On neither occasion can your friends hope for you an unchequered career of success and happiness. Professional life without its cares and struggles and difficulties (if such a thing were possible), would only engender weakly growth. The plant of the hot-house may have its charms, but strength is not one of its attributes. The oak that has been reared amid the heats of summer and frosts of winter, whose branches have been buffeted by the winds and storms, may sometimes suffer injury, but grows stronger from every conflict with the elements, and becomes at last the majestic monarch of the forest, the pride of all the country. If you would be the strong men of your profession, you must be prepared to meet with calm courage the trials and storms that await you. As to the prospects of a married life without a passing cloud, I can only quote, for your benefit and consolation, the opinion of a good Presbyterian Divine. When one of the Elders of his Church complacently

asserted that he and his good wife had lived together for forty years without a word of anger or difference between them, he gravely replied: *"Eh, man; you must have had a terribly monotonous time of it!"*

To-day no such spectres shall affright us. Let us give to the illusions of hope full play. The sombre shades of the past have taken on a more mellowed hue as they blend into harmony with the bright tints of the present. The future dawns upon you with still brighter radiance. To-day you naturally feel elated at your achievements in the various studies of your profession, of which your presence here and the diplomas you have just received are the evidence. You have a right so to feel. To each of you, the diploma you hold seems the veritable lamp of Aladdin, by which you may conjure to your aid mighty genii to lay bright jewels and untold wealth at your feet. To-morrow or to-morrow's morn it will more justly represent the rusty key with which you will eagerly try to unlock the doors of Doubting Castle, into which, with Hopeful, you have been immured. The vital question, then, will be how to apply it rightly, so as to unlock the doors that lead to prosperity and success. You will then find, as cooler judgment and keener vision displace your first elation and subsequent despondency, that there are many heights to climb, many tasks to be performed, before success is within reach. Do not sigh for royal roads or short cuts to the desired spot, or fall into what Lord Bacon calls the "paradox of power"—desiring to gain the end without submitting to use the means.

There are four ways, says Lord Campbell, by which an English barrister succeeds in achieving professional success. First, by huggery; second, by writing a book; third, by a miracle; fourth, by attending sessions, special pleading, etc.; that is, doing work in the lower walks of professional life. Analogous methods are applicable to our own profession. A word or two upon each method may be appropriate to our present circumstances.

The English barrister is mainly dependent for business upon the work sent him by attorneys. It is considered unprofessional in him to solicit from them, or to cultivate their particular acquaintance, so as to attract their business by any other means than by supposed legal qualifications. The arts employed to solicit the aid of attorneys by improper means is *huggery*. Now many a young medical man,

as well as a young barrister, thinks he can rush into great practice by the adroit and of course undetected practice of the various arts of huggery. He drives through the streets as if death and he were running a race—who should reach the patient first—his imagination all the while dwelling upon the attention he gains from beholders, who, impressed with his supposed press of business, will hasten to employ a rising man. The trick may succeed, but the more usual result is that all sensible people hurry to get out of the way of the doctor's horse and of himself. When we see a young doctor's equipage always driven up to his door as the church-going people are going to or coming out of church, there is a suspicion of huggery. A young doctor marries a wife who, by her tact and manners, impresses society favorably, and seeks, by hints and innuendos, to assure all her acquaintances of the vast ability and great success of her husband; that if he were employed, their children would be saved, and none would die from anything but old age. This is huggery in another form. When a young doctor is noticed to be very often called out of church, or lecture, or public gathering, where his older brethren sit calmly enjoying their rest, the suspicion of huggery is strong. One of the old medical worthies practiced this art in a way only accessible to those of us who are fortunate enough to be sons of ministers. When he was called out of the congregation, his reverend father would pause in the service, and solemnly ask the prayers of the congregation on behalf of the afflicted person his son was about to visit. When a youug physician (aye, or an old one, too) loudly discusses professional subjects in a promiscuous company, without any especial reason for so doing; when he recounts the cures he has wrought and the wonders he has achieved; when he shrugs his shoulders at the narration of the ill results of another physician's efforts, or suggests, however modestly, how he had treated similar cases with very different results—what is this but huggery of a very mean sort? When a man is called to a case in care of another physician, when little remains to be done, and hints at the different result which might have been if he instead of the other physician had been called soon enough—this is huggery and something worse! These are a few of the "black arts" with which men seek professional success. The man who succeeds with them would generally succeed without them. Unfortunately, such arts and their

reported success attract the attention of the beginner, despondent and anxious for work, who forgets that solid work and real merit alone can retain the practice which fortune or craft may have thrown in his way. Success thus purchased is purchased only by the sacrifice of self-respect.

But while I trust you will despise all these "*black arts*," do not rush to the opposite extreme, and despise all extraneous advantages. If, where you settle to work you have an influential or large connection eagerly interested in your prosperity, be thankful for such blessings, but do not expect too much. Prove your armor first, and then they will help you. However benevolently inclined a friend may be, he would rather that you cure some other person before he submits himself or those dear to him to your professional care in the emergencies of diseases. Every man thinks that if he can find the *first* friend to help him, others will soon follow. This is true. Every man with a proper spirit will find this friend who will hew for him the first steps out of the rocky steep, where he can place his feet securely in his ascent to fortune. The first few steps gained with the assistance of this friend, the rest are more easy, and other friends will cheerfully aid his upward progress. But where will I find this first true friend? each of you may ask. You may recognize his features, if you will, in the first looking-glass you come across.

2. *By writing a book.* This is a means of acquiring practice rarely accessible to a young lawyer or a young physician. My revered friend, an old clergyman, used to say to young preachers: "If the Lord calls a man to preach the Gospel, he also calls men to hear him preach. That is the proof of the call." So a young man may publish if he has money to spend or can circumvent a publisher—a difficult thing to do—but the question is of readers. Without readers, how is the book to bring patients to the author's door? The substitute for writing books with us is writing for medical journals. There the young writer has the chances of getting into print at the expense of somebody else, and has readers furnished to his hand. Undoubtedly, writing for the journals is a great lever rightly used. It establishes your reputation among your professional brethren, the true basis of professional success. But when we, as patient readers, call to mind the number of contributions on every conceivable subject that claim our time and attention; when we have to separate that which is but re-vamped from that which is new, the

unreliable from the reliable, the premature and immature from the well-thought-out and considered article, we are too often reminded of the well-known tavern bill of Falstaff, in which stood charged "one halfpenny worth of bread to this intolerable deal of sack"! Nevertheless, young men, write! It will develop your critical acumen and your powers of accurate description, if not of observation. But beware of hasty generalization; muster your facts clearly before you, and be sure, first of all, that you know what a *fact* is before you write about it. If possible, exercise in some degree the forbearance and self-control of Louis, who observed cases of phthisis without taking part in their treatment for years, and after a time destroyed his papers, saying he had only learned to observe; then began anew that series of observations which are the basis of our knowledge of the application of the numerical method in medicine. Such labors, such books, place the authors among the immortals. And so Austin Flint's carefully matured observations of the phenomena of typhoid fever, conducted under the same severe rule, laid the foundation of that great reputation which, both as a physician and as an author, he so deservedly enjoys.

There is another phase of this question which may appear to you in after years of professional life—the duty of publishing for the benefit of the profession and the world the results of special opportunities for observation or important discoveries. I shall not dwell upon this topic, which is generally dwelt upon with much amplification by every editor. I will only mention two striking instances of loss to the world by failure of such publication. In the quiet village church of Yelminster, in Dorsetshire, a monument records that Benjamin Jesty performed vaccination in 1774, twenty-two years before Jenner's first operation. There is no reason to suppose that Jenner knew anything of Farmer Jesty or his work. Anesthesia by etherization was made known to the world by Morton in October, 1846. Yet a simple record of a similar event had been made by Dr. W. C. Long, of Jefferson, Ga., *four* years before; not in any journal, but in his ledger, thus: "*James Venable, 1842. Ether and excising tumor, $2.00.*"

What untold suffering had been spared the world, if these facts had been published by any medical man cognizant of them, at the date of their occurrence! and, in the latter case, what heart-burning and unseemly controversies had been set at rest! Priority of dis-

covery is not sufficient if not accompanied with priority of publication. Hesitation in the latter is fatal to the claims for honor due to the former.

"He either fears his fate too much,
Or his deserts are small,
That dares not put it to the touch
To gain or lose it all."

3. Success is sometimes the result of a *miracle*. A lawyer, by a brilliant speech, bounds from obscurity into full practice. This is a miracle. The career of the celebrated Erskine is almost the solitary example among lawyers, unless that of Patrick Henry may also be so considered. A brilliant operation, with its éclat and unexpected success, leads to a subsequent career of practice. Such was the case with Liston when he settled in London. The unexpected attendance upon some prominent person, and consequent entrance into a lucrative practice—opportunities unexpectedly offered, and eagerly embraced with distinguished success—these are the miracles which sanguine young men expect to be performed in their behalf. In both professions miracles are rare. They abound only in novels. Many are more apparent than real. The sudden rise into conspicuous position may be observed, but the hard work, the steady reading and observation carried on in the quiet study or in the lowly dwellings of the poor, have been unnoticed. One whom I reckon among my friends and delight to honor, on a favorable opportunity, suddenly bounded from a very slight practice that did not pay his moderate expenses to one which yielded a large income. If this was a miracle, it was easily accounted for. The opportunity, indeed, came; he was ready for it. Years of quiet toil had put vast stores of medical and general knowledge into his head, and into several books of index, by which he was able, at a moment's notice, to combine all he knew upon any given subject, and to refer to the original sources of information. Follow his example, and you will be ready for a similar miracle to strike you. Neglect the means he employed so well, and no miracle can save you. Such are the men to whom may be applied Dryden's fine line:

"For he was great ere Fortune made him so."

The fourth method alluded to by Lord Campbell is for a barrister to attend sessions, etc. In other words, he fills the lower walks of his profession creditably, and gradually rises to the higher by his

increasing reputation for ability and industry. He succeeds by *drudgery.* This is the true method in both, in all professions. A good naval officer does not come in through the cabin windows! A young medical man is expected to attend the poor in country or city, by day or night, gratuitously. Boerhaave said "the poor were the best patients, for God was their paymaster;" and, by diligent attendance upon them, you strengthen yourself in every way, gradually widen your practice, and at last increase your clientage of better patients in a pecuniary sense. One duty I wish to impress upon you. Where we receive no recompense in money, we sometimes are apt to forget our obligations, both to our patients and to our own self-respect. Respect the feelings of the poor, both by the language and tone of voice in which you address them. The presence of disease is your only passport to any house. Act as a gentleman to all—to the low, to the vile even, as well as to the gentle and the rich. Judge not; you will often see the punishment of error and of sin. You cannot know the force of the temptation of your fellow-creature. Your duty is to heal, not to punish. The drudgery you must cheerfully undergo to merit success is thus well described in a few stanzas:

"To be day and night at the beck and call
Of men who cheat and women who lie;
To know how often the scoundrels live,
And see with sorrow the dear ones die;
To be laughed to scorn as a man who fails,
When Nature claims her terrible debt;
To give a mother her first-born's smile,
And leave the eyes of the husband wet;
To face and brave the gossip and stuff
That travels about through a country town;
To be thrown in the way of hysterical girls,
And live all terrible scandals down;
To study at night, in papers here
Of new diseases and human ills;
To work like a slave for weary years,
And then to be cursed when you send your bills.

"Now just one word! Don't be too hard
On those who cannot afford to pay.
For nothing you'll cure the widow and child;
For nothing you'll watch till night turns to day.
* * * * * *

You'll hear confessions and keep them safe,
As a sacred trust, like a righteous priest.
To do your duty you are not sworn,
As others must do in this world of woe;
But you'll hasten away to the beds of pain,
Through rainy days and nights of snow."

While you are performing the drudgery, you are also laying broad and deep the foundations for future success, which will follow according as you laboriously and wisely work for it. You must study hard. If you think you have learned your profession, a short time, if you are wise, will dispel that pleasing delusion We, with our best endeavors, have only taught you how and what to learn; the rest you must do for yourselves. You will unlearn much too. The knowledge you imbibe will resemble a somewhat turbid solution, which in time will gradually settle, and perhaps crystallize in the instinctive acts of your daily professional life, or be evolved into that sagacity which intuitively perceives, decides and acts without the intermediate processes being evident—the characteristic of the true physician.

You must observe: "Don't forget to use your eyes!" At first you will be surprised to find how slight the resemblance appears to you between the diseases described by authors or by your teachers, and those seen by your opened eyes. The one was sharply defined with well-marked limits and boundaries, distinctly divided from all others; but in nature you meet with no such correspondent realities, and you have slowly to learn how individual differences modify and obscure the type that underlies the manifestations which distract you; how, that as no two people are exactly alike, so no disease will appear exactly the same in both. You will learn how transmitted properties modify the course, progress and termination of disease. You will learn the families in which all die from slight causes, and those who survive the most terrible diseases or injuries. And in all you will learn to trace the unities of type, the diversities of the individual development.

In the commencement of professional life, remember that excellence in your professional studies, however greatly to be commended, is not all. A mere lawyer or a mere doctor is a very narrow man. Broaden your minds by other studies, if you can do so. Know at least something of the history of the country you live in; something

of the lives of the good and great. Keep up your earlier scholastic studies, whether of classical literature, which purify and elevate your taste, or of mathematics, which discipline your reasoning, or of science generally, which enlarge your powers of observation and exact definition. Above all, devote some time to the study of logic. In no branch of knowledge are medical men, as a rule, so deficient. Remember, however, that henceforth these studies must be subordinated to those of your profession. Medicine is a jealous companion, and so is literature. Admit them to live on equal terms with you, each will mould you to her own ideal, and you may fare like the man mentioned in the *Spectator* with two wives, one young, one old. One pulled out his grey hairs to make him young; the other pulled out the black to give him a venerable appearance. Between them both he was well shorn. So will you fare if you promote the young acquaintance to be an equal with your life-long companion. A few great exceptions like Arbuthnot and Akenside were successful in literary pursuits as well as successful practitioners. Most men soon abandon one or the other.

Another temptation very effective with some men is public life. Little by little they are lured into the vortex of politics; sometimes from the hope of increasing practice from political connections or political prominence. Rarely are such prognostications verified. In general, I would say to young physicians respecting politics, in the words of the student's song:

"Beware! beware!
Trust her not; she is fooling thee."

Still, do not mistake me. A medical man must act his part as a good citizen, and feel an interest in the progress of the country, the state, the town, the community he lives in. Politics, rightly considered, is one of the noblest of studies, but if sought to be used only for personal considerations, it becomes one of the lowest of occupations. Rarely is a physician called upon to bear an active part in political life. Yet I do not forget that the Declaration of Independence bears the honored name of that great physician, Benjamin Rush, and that our profession furnished the most conspicuous martyr to the cause of Independence in General Joseph Warren, who fell at Bunker's Hill. In thinking of the General we are apt to forget the physician, yet within the past twenty years two illustrious men died

whose entrance into the world he professionally assisted. One, the late Josiah Quincy, Mayor of Boston, and President of Harvard University, and Lord Lyndhurst, who, born in Boston, was three times Lord Chancellor of Great Britain. Nor can I fail to remember that the great leader of the constitutional liberal party in Europe is Rudolph Virchow, no less renowned as a physician and pathologist. When you can rival Virchow in your attainments as a physician, you may do as you please as to political matters. If, however, you hesitate whether or not to enter the arena of politics, take *Punch's* advice to those doubting as to matrimony—DON'T.

Now you begin to ask to what does all this tend. What is the success if gained; what the evidence of its attainment. One result of a long and successful medical career, recorded in an epitaph, will hardly content you:

> "Here lies Dr. Bard,
> Who filled half this churchyard."

If we compare the results of great success in our profession with those of like success in other professions, either by the pecuniary or social rewards acquired, the comparison is not in our favor. Thomas Denman and Benjamin C. Brodie were cousins; the one a leading lawyer, the other a leading surgeon, each holding to his own profession a corresponding high position. The one became Chief Justice of England and was made a peer; the other remained a commoner. If you object that the comparison is not to the purpose for us, because here titles do not mark the recognition of professional worth by society, I answer let us test it by a pecuniary standard. Compare the fees paid to lawyers and physicians for public services; compare the uproar made about paying the claims of the medical attendants of the late President with the matter-of-course way in which the fees of the lawyers in the first Star Route trials were paid. Both failed from causes over which they had no control—in the one case to save life, in the other to gain a verdict.

So with engineers and other professions; their remuneration is much greater for services by prominent men. But, on the other hand, if other professions can point to greater prizes than ours can promise to any, however exalted, they also have more blanks. No profession affords so sure a remuneration in all respects as ours, when honestly and rightly practiced, both in an honorable though per-

haps moderate support, and in securing a respectable position in society—a position dependent rather on worth than wealth, which gives us the cheerful companionship of the good and the cultivated on no unequal terms. No profession gives to the honest worker so great an opportunity of doing good, of enlarging our minds and expanding our hearts, so that the practice of our profession becomes a joy and a reward of itself and for its own sake. Above all, while in other professions intellectual gifts or special endowments may be the only requisites for success, they retain their great value in our profession, but they do not form all; they do not form the larger part of the qualifications that denote the true physician. However bright his intellectual gifts, his character, his integrity of purpose, his moral elevation, constitute his true claims to respect. It is upon these that the community rests so steadily. Gentlemen, this is the glory of our profession: that true success always depends upon personal character, even more than upon professional attainments.

And so, gentlemen of the Graduating Class, if, as I have said, we cannot wish for you immunity from the common lot of man—care and trouble—we can and do heartily wish you true success in all the struggles of life—a success the more valued that it shall have been honestly earned; a success that will grow with your growth, because it will follow duties well and honorably performed. Then, and not otherwise, you will find coming to meet you true honor and happiness. As I bid you farewell, I wish for you a fair field for the exercise of your chosen vocation. I do not for one moment doubt your success. I fervently hope for you, that in every position you may occupy, high or lowly, you will so act your parts as to illustrate in your lives all the characteristics that are combined in

THE GRAND OLD NAME OF GENTLEMAN!

DR. SPINA, who has been for a number of years assistant to Professor Stricker at the laboratory for experimental pathology in Vienna, has just published a work on the significance of the bacillus tuberculosis, which is attracting the attention of German pathologists. Dr. Spina has examined the entire question of the infectious character of tubercle, and has arrived at results and conclusions diametrically opposed to those of Koch and his adherents. While the existence of the bacillus is admitted, its specificity is denied, and the micro-organism is looked upon rather as a result than as a cause of tuberculosis.

ARTICLE II.

OPHTHALMIA AS OF INTEREST TO THE GENERAL PRACTITIONER.*

By SAMUEL THEOBALD, M. D.,

Surgeon to the Baltimore Eye, Ear and Throat Charity Hospital; Ophthalmic and Aural Surgeon to St. Vincent's Hospital, Baltimore.

Before entering upon the consideration of the subject assigned for discussion this evening, it is important that we should define what we mean by the term *ophthalmia*. In its widest sense, ophthalmia (or ophthalmy, as it was formerly written) means simply inflammation of the eyes, and in this sense it was used by the older authors. At the present day, however, in medical literature at least, it has come to have a more restricted meaning, being applied only to the different varieties of inflammation of the conjunctiva, and not, as formerly, to the deeper inflammations of the ball. Adopting the modern definition of the word, we shall concern ourselves only with the different varieties of conjunctivitis, considering those especially which are of common occurrence, and therefore of greatest interest to the general practitioner.

Of ophthalmia, or conjunctivitis, there are four varieties, presenting very different characteristics, arising from different causes, and requiring different modes of treatment. These are, first, *catarrhal* ophthalmia, or simple conjunctivitis; second, *purulent* ophthalmia, rarely met with in this country, except in the new-born, and in adults as the result of gonorrhœal inoculation; third, *granular* ophthalmia; and, fourth, *scrofulous* or *phlyctenular* ophthalmia. Diphtheritic conjunctivitis might be regarded with propriety as forming a fifth variety, but it has not usually been described as such, and as it is of so rare occurrence with us, it will not be considered in the present connection. Of all the diseases of the eye, these different forms of ophthalmia are those with which it is most important that the general practitioner should be familiar, because they are of such frequent occurrence, and because the care of them so often falls to his lot. Besides, though usually amenable to prompt and judicious treatment, they are fruitful sources of blindness when neglected or treated improperly, as an inspection of the inmates of any institution for the blind will show.

*A paper read before the Baltimore Medical and Surgical Society, Feb. 21, 1883.

From *catarrhal ophthalmia* the eye rarely suffers serious consequences, but, if treatment be neglected, it sometimes runs a tedious course, and occasionally leaves the eye irritable, and incapable of work for some time after its disappearance. It is not always easy from the appearance of the eye alone to diagnosticate with certainty this affection. Severe cases of catarrhal conjunctivitis occasionally resemble very closely mild cases of granular ophthalmia, and scarcely less closely certain cases of strumous ophthalmia in which there is a free secretion from the conjunctiva, and the cornea is intact. No great harm would result, however, should a catarrhal ophthalmia be mistaken for either of these affections, and treated accordingly.

For the past two or three years catarrhal ophthalmia has been very prevalent in this community, and in many instances whole families have suffered with it, one member after another being attacked. Previously it was of comparatively rare occurrence, and, to judge from my experience during the past few months, it is again becoming so. Besides cold and contagion, the causes which usually give rise to it, I have observed that persons living in the neighborhood of, and exposed to the noxious vapors from, certain chemical manufactories, such as the Chrome Works of our city, are peculiarly liable to this affection.

In regard to its treatment, the most important thing to be said is—never make use of severe remedies; better no treatment at all than the strong solutions of nitrate of silver to which the general practitioner is so partial, and which, by inducing corneal complications, too often convert a very harmless into a very serious condition. A four-grain solution of boracic acid, dropped into the eyes three times a day by means of a pipette, will usually subdue the inflammation, and will certainly do no harm. Should this not prove effectual, we may substitute a one-grain or even a half-grain solution of sulphate of zinc, or, better still, we may add the zinc to the boracic acid solution. Occasionally a weak solution (grs. ij to ℥ i) of alum may produce a better effect. To prevent the lids from sticking together, they should be anointed at bed time with cold cream, and if the eyes are painful or photophobic (which they should not be to a marked degree in uncomplicated catarrhal conjunctivitis), we may prescribe a wash containing from ten to fifteen grains of the solid extract of opium in four ounces of water, directing it to be applied to the eyes

frequently, by wetting a linen rag with it, and laying it upon the closed lids.

Of the two forms of *purulent ophthalmia* which have been mentioned, it is fortunate that only the first—ophthalmia neonatorum—is of frequent occurrence, since it is much more manageable than the gonorrhœal type. In the severer cases, it is true, there is a tendency to corneal ulceration and necrosis, as in the specific form of the disease, but with proper treatment these complications should rarely occur. Cleanliness and the instillation, four or five times a day, of a solution of boracic acid (gr. v—x to aq. destill. ℥ j) will cure in a short time most cases of infantile ophthalmia. If the inflammation is severe (as evinced by the tumidity of the lids, and the creamy character and copiousness of the discharge), and does not soon begin to abate under this treatment, we should add to the boracic acid solution nitrate of silver, in the proportion of from one to three grains to the ounce, being careful to diminish the strength, or the frequency of the applications of the silver solution as the discharge decreases and becomes less purulent in character. Sulphate of zinc (gr. j–ij, to ℥ j) in some cases may act better in combination with the boracic acid than the nitrate of silver. When corneal complications are present, and, I think, too, in severe cases, to lessen the probability of their occurrence, a daily application of a single drop of a solution of atropia (gr. ij—iv to ℥ i) should be made to each eye.

In the treatment of gonorrhœal ophthalmia I have had comparatively but small experience. In one instance, in which the case came into my hands within twelve hours after it had begun, the attack was cut short by the daily application to the everted lids of a twenty-grain solution of nitrate of silver, and the instillation thrice a day of a solution containing two grains of sulphate of zinc and four grains of alum to the ounce. Influenced by the experience which I have had in severe cases of ophthalmia neonatorum, I should expect better results in gonorrhœal ophthalmia from the frequent instillation of a saturated solution of boracic acid, with nitrate of silver added in the proportion of two or three grains to the ounce, together with a daily application (to the everted lids if possible) of a ten or twenty-grain solution of the nitrate of silver, and the liberal use of atropia, than from any other method of treatment. I may mention, however, that Dr. Friedenwald has obtained excellent results in this disease from the daily application of powdered iodoform, and that Dr. Herbert

Harlan has reported (*Maryland Med. Journal*, Nov. 1, 1882) a case in which iodoform and atropia were substituted for boracic acid and nitrate of silver with marked benefit. I cannot help thinking, however, that in this case the atropia, for the use of which there were the strongest indications, had much to do with the improvement which followed the change in treatment, and especially that the relief of pain was due to it rather than to the iodoform, as Dr. Harlan supposes.

Concerning *granular ophthalmia*, only a few words may be said. It is one of those maladies in which an ounce of prevention is worth many pounds of cure. Whatever treatment may be adopted, its cure is always tedious and difficult, and if it be allowed to run its course unchecked, most disastrous consequences, such as pannus, entropion, and not unfrequently irremediable blindness, too often ensue. As it is a contagious disease, it is of the utmost importance that it should be recognized as early as possible, so that proper precautions may be taken to prevent its transmission from one member of a family to another, the use of a towel in common by the different members of a household being, as is well known, a very frequent cause of its spread. Formerly, nitrate of silver and bluestone were the standard remedies used in this affection, but of late the yellow oxide of mercury, rubbed up with vaseline, (gr. j—ij to ʒ i) has to a great extent superseded them. The daily application to the eyes of a small quantity of this ointment, supplemented by the instillation of atropia if photophobia be present, is usually the most efficacious treatment that can be adopted. The application three or four times a day of a crystal of alum to the palpebral conjunctiva, which the patient can be taught to make himself, is another plan of treatment which experience has shown to be worthy of confidence.

Perhaps the best advice that can be given to the general practitioner regarding *scrofulous ophthalmia* is—do not mistake it for catarrhal ophthalmia and treat it with astringent solutions. When there are no phlyctenulæ present, and the cornea is not involved in the inflammatory process, the resemblance between the two, as has been stated, is often most striking; and the slight degree of photophobia which usually characterizes this form of the disease is another misleading feature. In most instances, however, we shall find other evidences of constitutional disorder, such as nasal catarrh, eczema of the face or ears, otorrhœa, etc., to indicate the true character of the

ocular inflammation. When in doubt, however, especially in dealing with the conjunctival inflammations of children, who, in this community at least, are much more subject to scrofulous than to catarrhal ophthalmia, give your patient the benefit of the doubt, and scrupulously eschew astringent and caustic collyria.

Scrofulous ophthalmia, whether the conjunctiva only, or, as is very frequently the case, the cornea as well be involved in the inflammatory process, responds most satisfactorily to judicious treatment. Combined with proper constitutional remedies, atropia and the yellow oxide of mercury will very rarely fail to cure even the worst types of this disease. Usually a one-grain solution of atropia is sufficiently strong, but if there be excessive photophobia and lachrymation, or if the case prove intractable, the strength of the solution should be increased to two or four grains to the ounce. The yellow oxide of mercury should be rubbed up with vaseline, in the proportion of one grain to the drachm. By means of a pipette, one or two drops of the atropia solution should be instilled into the eye three times a day; and with a camel's hair brush, or a match cut as thin as a shaving, a small quantity of the ointment should be inserted between the lids and the ball once a day, preferably in the forenoon. If there is inflammation of the lids, the ointment should also be applied to their margins at bed time.

It is, perhaps, superfluous to impress upon general practitioners the great importance of constitutional treatment in this disease, but I may be permitted to reiterate what I have said upon several occasions, as to the good which may be accomplished in many cases, especially those in which the lids are inflamed and swollen, and there is an eczematous inflammation about the orifices of the nose, upon the upper lip, or about the ears, by the occasional administration of a good dose of calomel and rhubarb; and also as to the benefit which results in certain cases from the substitution of the syrup of the phosphates of iron, quinine and strychnine for the more commonly employed syrup of the iodide of iron.

The Association of American Medical Editors will meet in Cleveland on June 5th and 6th. Dr. N. S. Davis, the President, and Dr. H. O. Marcy will deliver addresses. Drs. John A. Octerlony and Alexander J. Stone will read papers bearing upon the interests of medical journalism.

SPECIAL CHRONICLE.

RECENT PROGRESS IN CHEMISTRY.

M. Boussingault's process for the manufacture of oxygen by alternately deoxidizing and reoxidizing barium oxide has been greatly improved by M. M. Brin. (*Eng. Chem. News*, XLV, P. 125). The material employed, after being re-used 400 times, was found not to be deteriorated.

A new method, for the detection of chloroform in cases of poisoning, has been invented by D. Vitali. Hydrogen is conducted through the liquid which has been distilled from the intestines into a "washing bottle"—three necked flask. The hydrogen which escapes through a glass tube provided with a platinum point is ignited, and if chloroform be present will manifest itself by an intense green color upon a piece of copper held in the flame, due to formation of hydrochloric acid.—(*Amer. Jour. Phar.*, 1882. Vol. XII, P. 158).

At a meeting of the Br. Phar. Society, Mr. J. B. Barnes extolled the antiseptic virtues of cinnamic acid, at the same time presenting samples, which were obtained as a by-product in the preparation of benzaldehyde, benzoic acid and benzoic ethers. Mr. Barnes considers cinnamic acid the "antiseptic of the future."—(*Amer. Phar.* 1882, P. 57).

A new antiseptic, which promises to be of interest to the medical profession, under the name of boro-glyceride is announced by Prof. Barff. Boro-glyceride is a definite chemical salt formed by heating at 300° F. 92 parts of glycerine and 62 parts of boracic acid. The reaction is

Glycerin.		Boracic Acid.		B. G.		Water.
$C_3H_5\begin{matrix}HO\\HO\\HO\end{matrix}$	+	H_3BO_3	=	$C_3H_5BO_3$	+	$3(H_2O)$
92	+	62	=	100	+	54.

(*Chem. & Drug.* 3-6-82, P. 511).

According to the *Amer. Phar.*, 3-11-82, P. 275, the synthesis of urea was accomplished by Herroun. Air was drawn through ammonia and benzine contained in a washing bottle. It was then drawn through a tube containing a helix of platinum wire heated to dull

redness, and finally through water in a potash bulb to absorb the products of the reaction, among which carbonate of ammonia, nitrite and nitrate of ammonia and urea were found.

R. Rother, in *Amer. Phar.*, 3-82, P. 321, gives the following improved formula, by which a solution containing 35 per cent. of hydrobromic acid free from sulphuric or other acids, may be obtained:

℞ Bromine,	. . . . .	15 oz. or parts.
Sulphur,	. . . . .	1 oz. "
Magnesia,	. . . . .	1¼ oz. "
Water,	. . . . .	30 oz. "

Ths sulphur, water and bromine are mixed, allowed to stand for a short while, the magnesia added to neutralize the $H_2\ SO_4$ and the liquid distilled. The reaction, though more complex, may be stated as follows:

$$6\ Br. + S + 4\ (H_2\ O) = 6\ H\ Br. + H_2\ S\ O_4.$$

J. Townsend of Stassfurt, prepares chlorine by mixing a heated solution of magnesium chloride of 40° or 50° Baume, with about 10 per cent. of manganese dioxide, and then exposing it to the action of heated air. The process is facilitated by the addition of 25 to 50 per cent. of calcium chloride.—(*Dingler, Poly. Jour*).

E. J. Maumémé writes to the French Academy of Sciences that the discovery of $H_2\ N$ has enabled him to make sulphate of quinia synthetically by a very simple process, which he will communicate as soon as his product has been tried therapeutically.—(*Amer. Phar.*, 3–82, p. 1882.)

If, to a solution of bilirubin in chloroform or ether, an alcoholic solution of bromine (2 in 100) be added, drop by drop, a display of colors will be noticed, *first* emerald green, then blue, violet red, yellow, and finally colorless. Chloric and iodic acid (20–100) act similarly. Hydrobilirubin is not altered by bromine.—(E. Capronica in *C. B. Med. Wissensch.* 1882, p. 605.)

Messrs. Regnault and Roux have demonstrated the production of carbon oxychloride (the most dangerous impurity in chloroform) in various ways.

(*a*) In presence of light by the action of air on chloroform.

(*b*) The action of the spark from an induced coil on a mixture of chloroform vapor and air.

(*c*) By allowing air saturated with chloroform vapor to circulate in the effluve apparatus.

(*d*) By the action of ozonized air.

H. Fleck has detected carbolic acid in cases of poisoning (*Rept. Anal. Chem.*, 2–292) from the distillation of portions of the cadaver with sulphuric acid. The distillate smelt strongly of carbolic acid, a considerable quantity of which could be extracted by ether. It was identified by preparing from it tri-nitro and tribrom-phenol.

It has been generally supposed that in any galvanic element, one at least of the constituents must be an electrolyte. F. Esner (*Ann. phys. Chem.* [2], 15, 412) shows that this condition is unnecessary, having constructed galvanic elements of elementary bodies only, viz., of carbon, and a metal immersed in bromine or iodine respectively.

H. Kiliani introduces a new and economical process for the production of lactic acid (*Ber.*, 15, 799–701), by the action of sodium hydroxide upon inverted sugar, prepared by the action of sulphuric acid upon raw sugar. The excess of alkali is neutralized by sulphuric acid, the resulting sulphate of sodium crystalized out, and zinc lactate formed by the addition of zinc carbonate, which is purified by re-crystallization.

D. B. Dott (*Phar. J. Trans* [3], XIII, 1009), upon repeating the experiments of Grimaux and Hesse, shows that codeine is formed by the action of methyl iodide on morphia in presence of sodium or potassium hydroxide. The difference of rotatory power between natural codeine and the synthetical compound is probably due, he thinks, to some impurity.

H. Grouven (*Bied. Centr.*, 1882–568) converts organic nitrogen into ammonia by passing steam heated to 400°–700° over the heated nitrogenous organic mass. Ammonium carbonate and the higher nitrogenous compounds are formed, but no nitrogen is set free. The transformation into ammonia and the destruction of all hydro-carbons is completed by passing the vapor over a layer of Grouven's "contact mass."

B. E. Dietzel shows that, from the putrefaction of blood, etc., free nitrogen is liberated, in all probability from primary amines, the first products arising from the decomposition of albumen.—(*D. Chem. Gesell. Ber.* XV, 5–51.)

According to P. Bert and P. Regnard, oxygenated water, *i. e.*, water containing hydrogen peroxide (H_2O_2) impedes the fermentation of living spores, and the putrefaction of all substances which do not decompose it; but, on the other hand, it is very readily decom-

posed by substances containing nitrogen.—(*Compt. Rend.*, XCIV, 1385.)

M. Blennard (*Ann. Chim. Phys.*, 82–XXVI-5) has recently examined certain albuminoid substances. It seems to him that oxyleucine bears the same relation to the proteids that glycerine does to the fats.

Bernard Schulze has contributed a memoir to the question of the production of fat in the animal body, and demonstrates that the carbo-hydrates are essential factors in the formation of the same.—(*Id.* VI, 27—)

G. W. Strauss.

CURRENT LITERATURE.

A Practical Treatise on Diseases of the Skin. For the use of students and practitioners. By James Nevins Hyde, A. M., M. D., Professor of Skin and Venereal Diseases, Rush Medical College, Chicago, etc. Philadelphia: Henry C. Lea's Son & Co. 1883. Baltimore: Cushings and Bailey.

Professor Hyde is favorably known as one of the foremost American exponents of the Vienna school of dermatology. In a systematic treatise upon this branch of medicine from his pen, we naturally look for a clear exposition of the views of the lamented master, Hebra, and of his successors and pupils in the old world and in the new. A careful examination of the work before us does not disappoint our expectation. In his preface the author states that he has endeavored "to set forth only what can be held as the truth, * * * and to cultivate a wholesome doubt of that which has not been shown to be worthy of trust." This is the key-note of the book, which is never lost throughout its five hundred and sixty pages of text. The usual preliminary chapters on the anatomy, physiology, general pathology, diagnosis, prognosis and general therapeutics are clear and concise. A pleasant feature is the introduction of new illustrations giving the results of the latest investigations into the minute structure of the skin and appendages. The classification adopted is a modification of Hebra's, and seems admirably adapted for the use of the teacher.

The various diseases of the skin are clearly described, their diagnostic differences pointed out, and what seems to us the most

rational treatment briefly but sufficiently indicated. We regret that we have no space to give specific examples of the author's admirable method. We can only express it as our unqualified opinion that for the student as for the practitioner no better work upon this important branch of medical knowledge exists. The former will gain from it correct principles, which will lead to success in practice, while the latter will find in its pages the reasons for failure in the management of diseases which often baffled his best efforts in treatment. We recommend the book to our readers, with confidence in the general verdict.

THE PHYSICIAN HIMSELF; and what he should add to his scientific acquirements. By D. W. Cathell, M. D., late Professor Pathology, College Physicians and Surgeons, Baltimore. Third Edition. Cushings & Bailey, Baltimore. Price $1.25.

The almost universal favor with which this excellent book has been received by the profession, and the substantial recognition accorded to the author in the sale of two large editions within seven months, are evidence of the demand which existed for such a work. The thoroughness with which all the social, ethical, and business relations are discussed, the clear, common sense and value of the author's advice, render the work indispensable to those who would succeed in their profession. It is one of those books that belong, not in the physician's book-case, but on his writing desk, by the side of his dictionary, and his ledger.

By special arrangement, we can furnish the book to subscribers of the MEDICAL CHRONICLE for one dollar.

FOURTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF ILLINOIS. Springfield, Ill. 1882.

This report shows that the State Board of Health of Illinois still continues the good work of which mention was made in the CHRONICLE for December, 1882. The regulative functions of the board are thoroughly carried out by the energetic secretary, Dr. Rauch. The appendix to the report is largely taken up by circulars and papers on the prevention or restriction of small-pox. A directory of medical colleges recognized by the board as "in good standing" is also contained in the report. Altogether, the volume evidences the efficient manner in which the practice of medicine is regulated in the Sucker State.

THIRD ANNUAL REPORT OF THE BOARD OF HEALTH OF THE CITY OF ATLANTA. 1881.

Although the report of the Atlanta Board of Health covers only five and a half printed pages, it exhibits a satisfactory amount of progress in sanitary matters. Night soil is removed by the Rochdale or a similar system, and as a result of the board's active efforts, "not a single privy-vault or cess-pool exists within the corporate limits of Atlanta." There is food for reflection by older and larger communities in this statement.

Studies from the Pathological Laboratory of the University of Pennsylvania, No. XI. The Bacillus Tuberculosis and some anatomical points which suggest the refutation of its etiological relation with Tuberculosis. By H. F. Formad, B. M., M. D., etc. Reprinted from the *Phila. Med. Times*, Nov. 18, 1882. Pp 12.

Annual Address delivered before the American Academy of Medicine at Philadelphia, Oct. 26, 1882. By Traill Green, A. M., M. D., President of the Academy. Pp16.

Bromide of Ethyl, the most perfect anesthetic for short, painful surgical operations. By Julian J. Chisolm M. D., Prof. of Eye and Ear Diseases in the University of Maryland, etc. Reprint from *Maryland Medical Journal*, Jany 1, 1883. Pp.8.

Bacteria, and their presence in syphilitic secretions. By Robert B. Morison, M. D. Reprint from *Maryland Medical Journal* January 1, 1883. Two Lithographic plates. Pp. 4.

Analysis of Eight Thousand Cases of Skin Disease. By L. Duncan Buckley, A. M., M. D., etc. Reprinted from the *Archives of Dermatology*, Oct. 1882. Pp. 30.

The Oleates and Oleo-Palmitates in Skin Diseases. By Jno. V. Shoemaker, A. M., M. D., Physician-in-Charge to the American Hospital for Skin Diseases, etc. Philadelphia, 1882. Pp. 16.

The Therapeutic Action of Potassium Chlorate. Same author. Pp. 19.

The Treatment of Syphilis with Subcutaneous Sublimate Injections. Same author. Pp. 19.

Feeding per Rectum; as illustrated in the case of the late President Garfield and others. By D. W. Bliss, M. D. Washington, 1882. Pp. 16.

EDITORIAL.

PRIZE ESSAY FUND OF THE ALUMNI ASSOCIATION, COLLEGE OF PHYSICIANS AND SURGEONS.

The Alumni Association of the College of Physicians and Surgeons created a prize essay fund at its last meeting. A prize of *one hundred dollars* will be awarded at the next annual meeting of the Association, provided *three essays* are submitted to the committee.

Essays must present evidence of original work, either experimental or clinical, to receive consideration at the hands of the committee. If less than three essays are submitted, no award will be made.

All essays must be in the hands of the committee by January 31, 1884.

It is believed that this action of the Association will stimulate the Alumni to such work as their Alma Mater may view with pride. Every graduate who has the capacity to do thorough, honest work should enter the lists, and compete for the prize. Only one, of course, can win, but the labor of those who are unsuccessful will not be thrown away; it will be a preparation for more successful work hereafter. The committee to whom the essays are to be submitted consists of Profs. Lynch, Latimer and Rohé.

WANTED—A MEDICAL REGISTER.

At the meeting of the Medical and Chirurgical Faculty of Maryland in 1877, Dr. Christopher Johnston, then President of the Faculty, called attention to the urgent need of a register of all the regular physicians practising in this state. A committee was appointed to take the matter under consideration. Before the next annual meeting of the Faculty, however, a medical directory of Maryland, Delaware and the District of Columbia, was issued by private parties, and the committee was relieved from further duty in the matter. This medical directory has not undergone revision in the last five years; it contains nothing to indicate the professional standing of those whose names appear in it, and in the Baltimore list, which could easily have been verified, we find in several places the names of the most shameless quacks, sandwiched in between those of highly respectable practitioners. This should not be. A Medical Register

similar in scope with that of New York and New England should be available here. The data upon which such a work is compiled, must be obtained at first hand and not from superannuated business directories. This would be laborious and expensive and it is questionable whether the pecuniary return would be such as to tempt a private publisher. In order to make the work feasible and authoritative it should emanate from the State Faculty. Hence we renew the suggestion of President Johnston and urge upon the Medical and Chirurgical Faculty to take this matter into serious consideration at its next session which begins on the fourth Tuesday in April. We feel assured that if the matter were promptly and energetically begun under the auspices of the State Faculty it would be successful.

FLOTSAM.

THE *American Journal of Otology* has suspended publication until further notice.

THE DEATH of Gambetta was due to perityphlitis and suppurative pericolitis, as shown by the autopsy.

DR. VICTOR C. VAUGHAN of Ann Arbor, has been appointed a member of the Michigan State Board of Health.

THE SECOND German Congress for Internal Medicine willl be held in Wiesbaden April 17—20, under the presidency of Prof. Frerichs.

SMALL POX is increasing in New Orleans. During the week ending Feb'y 10 the number of deaths was 21. From Feby. 1 to 20th there were 202 cases.

The Maryland College of Pharmacy held its Annual Commencement at the Academy of Music, March 16. Diplomas were conferred on 31 graduates.

THE SPRING session of the College of Physicians and Surgeons began on March 15. The exercises will consist principally of clinical lectures and laboratory work.

THE annual commencement of the Baltimore College of Dental Surgery was held at Ford's Opera House on March 8. The degree of D. D. S. was conferred on thirty-six graduates.

THE Annual Commencement of the Medical and Dental Departments of the University of Maryland took place at the Academy of Music on March 15. Ther were 97 graduates in Medicine, and 34 in Dentistry.

Dr. Fordyce Barker has been elected President of the New York Academy of Medicine for the third consecutive time. The Academy has been in existence thirty-six years.

In his inaugural address as president of the Medico-Legal Society of New York, Mr. Clark Bell strongly advocates the estabishment of a journal "wholly devoted to the science of medical jurisprudence."

An Army medical examining board convened in New York on March 1, for the purpose of examining candidates for admission to the medical corps of the army. The board will probably continue in session about three months.

The tenth annual commencement of the College of Physicians and Surgeons, took place at the Academy of Music in this city on March 1, at 12 M. The graduating class numbered 109. The prizes were awarded as follows: The 1st College prize and Cathell medal to W. R. Clark of W. Va., 2nd College prize and Brown Memorial medal to Jas. A. Etheridge, Jr., A. B., of Ga., 3rd College prize and Howard Memorial medal to Geo. A. Strauss, of Md; 4th College prize to Jos. H. White, of Ga., 5th College prize to W. W. Leonard, of Ohio; 6th College prize to Paul A. Carrington, of Ga., Neil M. McLean of N. C., and J R. Bemisdarfer, of Penn.

The following are the names of the graduates: D. M. R. Culbreth, John H. Fochtman, J. G. Huck, P. A. Michael, G. H. Riley, B. Holly Smith, E. F. Truitt, G. H. Strauss, G. B. Vogel, Md., F. L. King, F. M. Cook, F. Johnston, N. J.,; Joseph L. Anderson, J. T. Black, J. R. Bemisdarfer, M. Benninghoff, J. J. Carroll, D. C. Flanagan, J. F. Hovis, A. Hare, G. L. Jolly, A. W. Kahler, A. T. Kunkel, C. E. Moore, J. B. McGrew, H. McDanel, F. W. R. McDonald, H. S. Newlin, J. S. Shirley, W. M. Snyder, F. P. Sigworth, W. H. Tassell, W. V. Welsh, Pa. C. M. Colegrove, M. P. Conway, L. D. W. Halsey, M. B. Hubbs, A. A. Haig, J. Miller, G. M. Snook, C. B. Trafford, N. Y.; J. R. Anderson, J. Brooking, W. E. Baylor, G. F. Floyd, C. C. Gentry, W. D. Meeks, W. A. Richeson, G. G. Painter, W. D. Row, J. G. Riddick, E. W. Sims, W. Paul Tebault, J. C Vermillion, Virginia; A. E. Aultz, W. G. Black, W. R. Clark. W. R. Garrison, E. E. Musgrave, W. W. Morgan, H. R. Moore, M. T. Powell, C. W. Spangler, West Virginia; N. P. Boddie, W. H. Bagwell, W. P. Craven. M. L. Corpening, P. R. Hatch, T. B. Lovelace, N. M. McLean, W. E. Powell, E. B. Utley, N. C; P. B. Carwile, T. R. Kelly, J. J. Morgan, G. T. Tate, S. C; P. M. Carrington, J. A. Etheridge, C. H. Richardson, Jr., J. H. White, Georgia; A. R. Bush, A. E. Simonton, Louisiana; J. L. Cooper, A. J. Farrell, J. E. Reed, Texas; B. W. Hudson, E. K. Williams; Oren A. Chatwood, Tennessee; De Willis Little, O. Kling, Minnesota; S. S. Burton, Rhode Island; R. J. Briggs, Alabama; W. H. De Ford, District of Columbia; J. A. Southall, W. L. Elmore, R. W. Deakens, B. P. Garred, Kentucky; W. H. Focht, W. W. Leonard, P. R. Hengst, J. D. Mulhane, E. F. Waddle, Ohio, A. R. Girard, Canada; J. N. Holmes, J. F. Hendrix, Missouri; W. T. Vestal, North Carolina, and H. W. Walden, Kentucky.

THE

MEDICAL CHRONICLE.

BALTIMORE, MAY, 1883.

ORIGINAL ARTICLES.

ARTICLE I.

THE TREATMENT OF THE VARIOUS FORMS OF ACNE.

By GEORGE H. ROHÉ, M. D.

Professor of Hygiene and Clinical Dermatology, College of Physicians and Surgeons, Baltimore; Member of the American Dermatological Association; of the American Public Health Association, etc.

During the period of puberty many of the organs of the body take on a new development. The sebaceous glands of the skin participate in this growth, and as a consequence, a greater or less degree of functional disturbance of these organs is likely to result. The most common form of this functional disturbance consists in an alteration in character and quantity of the sebaceous secretion. The sebum secreted is thicker and is not so readily extruded from the gland-ducts. These latter become filled with little plugs of the secretion which distend the ducts, and thus produce small papules, with sometimes a slight depression of the summit, which is colored black or brown. This little spot of color is the mouth of the duct filled with the secretion, and the discoloration depends upon the deposit of dirt—dust, carbon, etc., which has adhered to the end of the greasy plug.

This is the first stage, in the vast majority of instances, of the disease known as acne. The French writers term it acne sebacée; while in the English and German literatures it is known as comedo (plural comedones). In this stage, acne is a purely functional affec-

tion; if we remove the accumulation of sebum in the glands and gland-ducts and change—by appropriate treatment—the altered character of the secretion, the parts resume their normal condition and the disease is at an end. If, on the other hand, inappropriate or no treatment be adopted the disease goes on to the next stage, that of congestive or inflammatory acne. Here, we find, in addition to the merely functional disturbance of the glands, a structural lesion—inflammation, with its consequences, pus-formation and hyperplasia of of connective-tissue.

Let us follow the evolution of an acne papule from its stage of comedo. The walls of the gland-duct and the immediately surrounding connective tissue become compressed, disturbance of the circulation and nutrition within a limited area take place, and inflammation follows. At this stage the papule is bright-red and painful, usually still showing the black point of the comedo at its summit. The inflammation may now subside and resolution occur, but usually the process goes on to pus-formation. A little drop of pus appears in the centre of the papule, which, if evacuated, is found to surround the plug of inspisated sebum, the original cause of the trouble.

If the disease is allowed to go on without appropriate treatment that form of acne known as the indurated or tubercular acne results. Considerable new-formation of connective tissue (inflammatory hyperplasia) takes place, and those unsightly physiognomies which we not unfrequently meet in young men and women, between the ages of 18 and 25 result. It is hardly necessary to describe the condition I mean. Dark-red blotches with firm brownish nodules from a split pea to a small bean in size, with angry-looking pustules scattered here and there over the face, the latter being particularly numerous on the forehead and cheeks. I treated a case of this sort only a few weeks ago. The patient was a young artist about 24 years old, who first consulted me nearly a year ago. Directions were given him but he failed to carry them out, and neglected to continue the treatment. About three months since his face became so unsightly that he was ashamed to be seen in public. He consulted me again, but I refused to prescribe for him unless he promised to faithfully carry out the treatment until he was entirely well. This he promised, and performed, and in two weeks his condition was markedly improved, and at the end of two months he was discharged well.

In the books on dermatology will be found described a disease

under the name of acne rosacea, *vulgo* toper's nose, toddy blossom, etc. It differs in its clinical features, its etiology and its treatment from the condition just described. Its subjects are usually individuals above the age of 30, further, individuals who indulge to excess in wines or strong liquors—beer drinkers more rarely have it. It also sometimes occurs in young people of defective cutaneous circulation, in whom it never gets so marked, however, as in the first class of cases.

Acne rosacea begins as a consequence of frequently recurring flushing of the face. The brandy drinker, speaking generally, has a hyperemia of a portion of the face every time he takes a drink. The vessels gradually become permanently enlarged,—perhaps increased in number, and in consequence of the local increase in nutritive material, some connective-tissue hypertrophy takes place. The increased circulatory activity of the part is accompanied by numerous stases of blood in minute areas, which eventuate in small abscesses—the acne-pustules accompanying the area of vascular injection. In mild degress of acne rosacea, the process stops at the formation of diffused red patches. In cases of a more active type, acne pustules will be found scattered over the red base, upon which also may be noticed tortuous, dilated blood vessels. In the most exaggerated condition, we find the nose much enlarged, lobulated, brown or bluish red in color, and disfiguring the patient very much.

Errors in diet, excessive indulgence in or abstinence from sexual pleasures, masturbation, constipation, dyspepsia, eating particular articles of food, such as butter and cheese, have all been accused as causes of common acne. In very many individuals neither of these conditions, nor even a number of them combined being present produce the disease; in others, the disease appears in the absence of these various supposed causes.

The proof of the internal causation of acne not having been furnished, shall we then turn over to the other side and say the causes of the disease are altogether external? By no means. An epigrammatic professor of New England, tersely gave the causes of acne in the following proposition: "The country girl washes her face with soap, and does not have acne; the city girl abstains from the use of soap and does." Like all epigrams, this is only partly true. In the majority of cases of ordinary acne the abstention from soap is doubtless the immediate cause of the disease. In other cases, however,

this can not be accused of being the cause. In some young women an eruption of acne occurs during each menstrual period. In these cases, no comedo can be found generally, and I know no variety of the disease so unsatisfactory to treat. Not knowing to what the inflammatory papules are due, one does not know what to do for them.

Some women have an eruption of acne papules during pregnancy, which disappear after the pregnancy terminates. The relation between cause and effect has not been satisfactorily explained. The ingestion of various drugs, iodide or bromide of potassium, is frequently followed by acne; the disease disappears on the discontinuance of the remedy.

Workmen in tar and petroleum, or their products, not unfrequently suffer severely from painful acneiform eruptions. Cleanliness, and, if possible cessation of exposure to the irritant vapors give relief.

If the development of acne is such as I have attempted to sketch, then a simple method of treatment directed to the organs at fault and not to others in another part of the body will be appropriate. I have not found it necessary, usually, to give any internal treatment whatever in cases of acne. Neither have I ever been able to see much benefit from a rigid restriction of the patient to a particular sort of diet. I allow him to eat anything that does not disagree with his stomach. I encourage, rather than the reverse, the eating of articles containing fat, as butter, fat meats, and even in some cases prescribe cod liver oil, where the nutrition is below the standard. In fact, in a class of cases of acne occurring in strumous or tubercular subjects this is necessary. Where the condition of the stomach or bowels seem to demand it, a mild laxative—mercurial or saline—is probably an aid. Tincture of chloride of iron is always indicated when the congestion is considerable, or where there is much pus-formation.

Within the last two years, two remedies have been highly lauded for internal administration in acne. One is sulphide of calcium (or more properly sulphurated lime) in doses of $\frac{1}{10}$—$\frac{1}{4}$ grain. I have never used it and merely call attention to the merits claimed for it by others. The other remedy is fluid extract of ergot. I have used it several times with the reverse of a good effect. It is given in half-dram doses twice a day. With little experience with it, I should consider it, theoretically, especially applicable in those cases of what may be termed menstrual acne, although even here I have failed to

obtain good results from it. The search for a successful treatment of this form of the disease is a good field for experiment.

The local treatment of acne is by far the most important, and in the majority of cases suffices for the cure of the affection.

The indications for the treatment are:—1st, to remove the accumulation of sebum; 2d, to remove the products of inflammation; and 3d, to restore the normal functional activity of the parts.

The first indication is best met by expressing the plugs of sebum daily, by means of a watch key. Select a key with a smooth, broad base and wide opening, and placing it directly over the black apex of the papule, press the key down squarely upon the skin. A little pressure will force the plug of sebum out of the gland duct. This should be done every night. Immediately after, the face should be washed with warm water and soap, allowing the lather to remain on all night. In the morning the soap is washed off, and the face is dusted with oxide of zinc, calamine or simple chalk or starch powder. In simple cases, with a moderately thin epidermis this is all that is necessary, and in three or four weeks the acne is cured. In other cases where the epidermis is thick, a so-called coarse skin—the treatment should be a little more active. Here the following mixture should be painted on with a camel's hair brush, after the expression of the sebum plugs, and allowed to remain on all night. It was first recommended by Zeissl, and is certainly a valuable combination:— ℞—Sulphur lot., potass. carb., alcohol, glycerine, aa 3j. In the morning, after washing the face, one of the above powders, or a little oxide of zinc ointment should be applied.

After a few days of this treatment, the skin becomes slightly reddened and scaly, and in some cases an uncomfortable sensation of tension or burning occurs. Then the sulphur application should be discontinued for a few days until the irritation has subsided, when the same course should be recommenced.

If there are many inflammatory papules or pustules, an incision or puncture with a fine, sharp bistoury gives great relief and hastens the involution of the lesions. After the puncture the flow of blood should be promoted by a hot water douche. A basin is filled with water as hot as can be borne, and a large, soft sponge dipped into it and pressed to the face. This should be continued five minutes or so, and is best done at night before retiring. It is an especially valuable adjuvant to the treatment, if the pus-formation is free.

In cases of indurated acne, the tubercles should be freely scarified and after the bleeding has ceased, mercurial ointment applied on bits of cloth or leather, and allowed to remain on all night. The tubercles may also be painted with a strong alcoholic solution of carbolic acid (one part to three or four of alcohol) this being repeated every 2 or 3 days.

The menstrual acne of young women can not, in my experience be treated with much satisfaction. After the period has passed the eruption usually subsides. The disappearance of the redness of the skin can be hastened by a lotion of corrosive sublimate, 1 gr. to ℥j of cologne water.

This simple treatment is effective in the majority of cases of acne. In my experience it has never failed. In some cases more severe local measures, such as frictions with sand, scraping with the curette, or the application of irritants or caustics may be necessary, but I have never met such cases. In certain cases the plan I have recommended may be too irritating ; in these the use of a very mild soap, Sarg's glycerine soap, or Pear's transparent soap,—or a weak alkaline lotion may be used. Such cases will however, be very rare.

In the treatment of acne rosacea, the use of wine or spirits, if these are the causes of the disease, must be forbidden. In those cases where the rosaceous patches are due to deficient nutrition, the patient must be placed under better conditions. Locally, in the patches of diffused redness, the application of the alcoholic solution of carbolic acid above recommended (one part to 3 or 4 of alcohol) will generally give most satisfaction. Where there are tortuous and dilated veins in the skin, they must be slit up with a fine knife and a pointed pencil of nitrate of silver drawn through them to cause obliteration of their calibre. Where the connective tissue is much increased, a plastic operation is sometimes necessary to restore a respectable shape to the distorted nose. When pustules are present they should be opened with a bistoury, and the pus evacuated.

In mild cases of rosacea, a wash of corrosive sublimate, 1 gr. to ℥j of diluted alcohol, is sometimes all that is necessary.

Drs. W. T. Councilman and Randolph Winslow sailed for Europe on April 25th. Dr. Wilmer Brinton sails on the 10th of May for a year's holiday on the continent. He has promised to send an occasional note of his observations to the Chronicle.

ARTICLE II.

OPIUM IN PERITONITIS.*

By W. PAGE McINTOSH, M. D.,
Resident Physician Maternite Hospital, Baltimore.

I shall premise the few remarks, that I shall have to make on the use of opium in peritonitis, by the relation of a case, and thus treat the subject in as practical manner as possible. The notes given are just as taken at the bed-side of the patient.

Gustie M., primipara, aged 28 years, was confined at the Maternité Hospital, on the 4th day of February, 1883, five o'clock A. M.

Labor normal, chloral hydrate grs. x administered during second stage. Ergot given after labor. Child still-born at term. Patient suffering from retention of urine, catheter was used, (this was necessary throughout entire attack). On February 6th, as is the custom at the hospital, a laxative was given. On the evening of 6th, temperature 103°, pulse 100, resp. 30. Prescribed quinia sulph. grs. v every 3 hours; also tr. aconite gtts. ii, every 3 hours. On February 7th, 9 A. M., patient showed unmistakable evidence of puerperal peritonitis complicated with erysipelas of the leg and rheumatic pains in joints. She had suffered from rheumatism previous to confinement. Temperature on evening of 7th, 102°, pulse 108; suffering considerable pain. Administered intra uterine douche, and prescribed:

℞ Opii pulv. . . . . grs. iv.
Hyd. chlo. mit. . . . . grs. iv.

Ft. chart No. 4—S., one every 3 hours; also sodium salicylate, grs. v, every 3 hours for rheumatism, and tr. ferri. chlo. gtts. xx, every 4 hours for erysipelas.

February 8th, 9. A M. No improvement, appetite poor, ordered egg-nog and beef tea, and as she complained of thirst allowed her to have crushed ice. Pain over abdomen very severe, prescribed opii pulv. grs. i, every 2 hours.

8th, 8 P. M.—Opium quiets but produces no sleep.

9th, 9 A. M.—Iron and opium continued.

10th, 9 A. M.—T. 102°, P. 100, R. 20. During day of 10th gave morph. sulph., gr. $\frac{1}{4}$, every hour which kept down pain and produced some sleep. At 8 P. M.—T. 99°, P. 100, R. 20.

11th, 9 A. M.—T. 98.5°, P. 96., R. 20. Peritoneal pain very bad, can bear no weight or pressure at all. Ordered hot turpentine stupes to abdomen. Erysipelas spreading up the leg. Iron continued. Also gave $\frac{1}{2}$ gr. morphia sulph. every hour until I had given the equivalent of 32 grs. opium in 12 hours, not quieting her or producing sleep. Still complains of pain, pupil contracted, appetite good.

* Read before the Baltimore Medical and Surgical Society, March 21st, 1883.

11th, 8 P. M.—In last 24 hours have given the equivalent of 56 grs. opium.

12th, 9 A. M.—T. 102°, P. 96, R. 15.

12th, 9 P. M.—Very bad during day. Have given since last night at 9 o'clock, 2⅝ grs. opium every hour, or 63 grs. in the last 24 hours. Tympanites very bad indeed, interfering considerably with respiration.

13th, 9 P. M.—Gave 50 grs. opium during day. Sleeps very little. Pupil contracted. Respiration 12 per minute. Sweats some. Tympanites fearful.

14th, 9 A. M.—During night gave 5 grs. opium every hour, or 60 grs. in 12 hours.

14th, 9 P. M.—Patient vomited once during day, and morphia solution was given, i gr. hypodermatically every hour. Iron kept up. Bed-sores on sacrum. Tympanites still very bad, also complains of some pain. Erysipelas and rheumatism well.

Ordered spirits turpentine gtts. x every 3 hours, also turpentine and hot water enemata. Pepsin given to assist digestion.

15th, 9 A. M.—T. 100°, P. 120, R. 12.

During day of 14th, gave the equivalent of 120 grs. opium hypodermatically.

15th, 9 P. M.—T. 102°, P. 120, R. 12.

Arm very sore from puncture of syringe needle. Large effusion easily made out in peritoneal cavity, prescribed morphine gr. i every hour, hypodermatically. Pupil contracted. Respiration 12 per minute. No pain.

16th, 9 A. M.—T. 100°, P. 120, R. 12. During day of 15th, patient took 21 grs. morphia, or 126 grs. opium hypodermatically. Expresses herself as much better. No spontaneous pain. Morphia solution, gr. i every hour hypodermatically.

16th, 8 P. M.—T. 101°, P. 130, R. 20.

Hands and feet cold. Cold sweat. Equivalent of 72 grs. opium in last 12 hours. Consultation. Consultants advised stopping of opium, which I tried for some hours, but patient suffered so from pain, cold extremities, rapid pulse, dilated pupil, depression of temperature, and in fact all the symptoms of shock that I thought best to resume, and push the remedy, which I did, giving morphia hypodermatically till the symptoms of shock subsided, which required 21 grs. morphia or 126 grs. opium in six hours. On the evening of 17th, patient was doing much better, temperature being 101°, pulse 120, respiration 12.

18th.—During the night of 17th, just passed, patient took i gr. morphia every hour. No pain. Pupil contracted moderately. Urine has been high colored all the time, but contains no albumen. Tested urine for morphine and found it present. Tympanites disappearing rapidly. Moved bowels with hot water and turpentine enemata. During day of 18th, gave only 6 grs. morphia.

Tympanites still decreasing. No spontaneous pain; appetite fair. Iron kept up. Under small doses of opium, urine more abundant and not so high colored.

19th, temperature 98° pulse 108, respiration 18. For quite a number of times the temperature has been as low as 96°, this was especially noticeable when opium was reduced.

Coincident with reduction of dose of opium, she has pain in abdomen at night.

19th, P. M.—Doing well; any attempt to reduce dose of opium below 60 grs. per day, is attended with severe pain in abdomen. Bed sores improving. Bowels moved spontaneously to-day. Patient looks and expresses herself as much better.

20th.—Treatment continued, changed morphia for tr. opii, which was given in dram doses every hour, per rectum.

22d.—Temperatnre 98, pulse 96, respiration 20; only gave 1 dram tr. opii during night, slept well, appetite good, eats eggs and beef steak. Iron continued. Bed sores nearly well. Arms doing well; no abscess from needle.

23d.—Tympanites all gone. Thirty minims tr. opii, as she could not sleep. Feels well and wants to get up.

25th.—Doing well; opium entirely stopped. Urine clear and light colored for the first time.

Dismissed, March 14th, in good condition.

Basing our remarks upon the case just related, the points to be considered are:

1st.—Was the opium absorbed?

2d.—In what way did the opium effect the result recorded?

As the function of the cerebellar cells are not interfered with in peritonitis, the mind being clear and active, there is no reason whatever for supposing that the drug is not absorbed. Add to this the fact that the patient assimilated the food taken; the system appropriating the other remedies administered, simultaneously with the opium, as shown by the disappearance of the erysipelas from the administration of iron and the rheumatism from the salicylate. And again take into consideration the fact that we had the signs of the physiological effects of opium present, as evidenced by the contracted pupil, the slowed respiration, the freedom from pain, and we have before us an array of facts difficult to refute, to the effect that the drug was absorbed. The second proposition, as to the manner in which the opium did its work is somewhat more abstruse. By producing quiet, opium prevents the exhaustion consequent upon the horrible physical pain. By arresting the peristaltic action of the intestines, it prevents the exudation, an intense irritant, from being brought constantly into

contact with uninflamed parts of the peritoneum, thus limiting the spread of the disease.

Opium arrests all the secretions except those of the skin and kidneys, and thus modifies the exudation.

The tendency to death in peritonitis is from shock, and it is a recognized fact that opium is the remedy above all others, in shock.

The patient had never taken opium before. She was necessarily anæmic, and Bartholow quotes Traube as saying, that anæmic persons are peculiarly susceptible to the influence of opium. At the close of the disease thirty minims of the tincture would produce quiet sleep. Later, the opium was entirely stopped with no bad effect.

I am aware that Alonzo Clark gave 934 grs. opium in 4 days. Barker and Lusk proportionally large doses. While I only gave 742 grs. in 5 days; but the day on which I administered 21 grs. morphia or 126 grs. opium, in 6 hours, is far as my observations extend, the *largest dose* on record being at the rate of 504 grs. in one day.

It is not unnatural for the question to arise: Is this safe practice? In my opinion it is not only safe, but good practice, to push any remedy until we get its physiological action. In this case the object sought to be obtained was freedom from pain; in gaining this point the respirations were reduced to twelve per minute; as opium kills by paralyzing the respiratory centres, it is not safe to push the remedy beyond this point, and in doing this the patient should be closely watched.

ARTICLE III.

TWO CASES OF CARBOLIC ACID POISONING.

By GEO. A. STRAUSS, M. D., BALTIMORE.

In every case of poisoning by reception of the toxic material into the stomach, it may be laid down as a rule that the administration of an antidote should be accompanied by copious draughts of some diluent drink. An ounce of tincture of aconite, for instance, when received into the stomach, will come in contact with every portion of the inner coat of the organ, and is readily absorbed in this concentrated form. If, however, the ingestion of an ounce of tincture of aconite be

immediately followed by a pint or a quart of water, the absorbing surface of the stomach being the same, and the poison having been diluted sixteen, thirty two, or more times, the conclusion naturally follows that absorption of the poison will be retarded, and the toxic effects proportionally diminished.

The diluent should be of such a nature as readily to dissolve, or be easily miscible with the substance that was taken; thus in cases of carbolic acid poisoning, no diluent is so well adapted as some bland fixed oil, in which the acid readily dissolves. The good results of the diluent plan of treatment will be noted in the following

Report of Two Cases of Carbolic Acid Poisioning.

Case I.—Wm, E———Druggist.—Frequently indulged in alcoholic sprees. This time on drunk for 3 days.—On evening of March 26, 1882, returned home in quite a hilarious condition. Was advised by the writer to retire and take a rest. Consented to obey but first insisted upon taking a "night cap." It seems that Mr. E——kept a special quality of the "Elixir Pro" in a quart amber bottle in the store, beside which in an exactly similar bottle stood a 95 per cent. solution of crystallized carbolic acid. Of this the patient by mistake and unobserved by any one drank a quantity. The noise of something falling and groans attracted us to the rear of the store. The sight was a pitiable one. The patient lay on the floor writhing in pain. He seemed to breathe with great difficulty. This condition was in a very short time followed by a semi-comatose state verging upon complete collapse. The odor of the breath and an upset bottle bearing the label "Acidum Carbolicum" told the tale of what had happened.

A quanity of calcined magnesia and sweet almond oil were quickly rubbed up together in a mortar, and an attempt made to administer this in spoonful doses, but to no avail. The patient was totally unable to swallow, partly perhaps in consequence of a spasmodic condition of the œsophagus, partly because of a temporary paralytic condition of the muscles of deglutition. What was now to be done? The patient was sinking rapidly. The respiration was getting very faint, being marked by feeble attempts at inspiration, and the pulse was scarcely perceptible. Fortunately our eyes happened to fall upon a bulb syringe, the nozzle of which we quickly bent to a curve, and a pint of the mixture of oil and magnesia was forced into the stomach. We were about to reverse the bulb of the syringe so as to pump out the contents of the stomach, when happily reaction took place and the patient began to vomit. Another pint of the above mixture was administered in like manner, which the patient also vomited. Patient by this time was slowly regaining consciousness, and with some effort, upon being asked, was able to swallow the white of an egg which was given both for demulcent and antidotal effect.

Vomiting however was frequent and copious and continued at intervals for a number of days. Polyuria during this time was marked. The patient finally recovered.

The quantity of carbolic acid taken by this patient was never accurately ascertained.

CASE II.—Bears with it perhaps greater interest, 1st on account of the quality of carbolic acid which had been taken and 2nd on account of the age of the patient.

Mary M——, colored, age 4 years 3 months was brought to a drug store in this city on the afternoon of July 26, 1882. The child was apparently dead, and was so pronounced by the apothecary, who nevertheless called in the writer who happened to be passing at the time. All the history that could be elicited from the parents was that the child was found in a moribund state lying upon the kitchen floor.

Noticed a strong smell of carbolic acid emanating from the child; upon inquiring, discovered that small pox existed at the child's home and that carbolic acid was used as a disinfectant. At once suspected carbolic acid poisoning.

Up to this time at least fifteen minutes, from the moment the poison was taken, had elapsed. No pulse at the wrist was perceptible and but the faintest respiration noticeable. About eight minims of tincture of belladonna were injected hypodermatically, and a mixture of oil and calcined magnesia, which had been quickly prepared was forced into the stomach. The belladonna seemed to produce prompt reaction, so much so that vomiting was induced by mere tickling of the fauces. The administration of oil and magnesia was repeated twice, the stomach each time relieving itself of its contents spontaneously. In this case however no albumen was administered as had been done in case 1, but in its place sulphate of sodium was given with the view not only of counteracting the effects of the acid that might still have remained in the stomach, but also of attacking the carbolic acid that had entered the circulation; for while albumen has a certain amount of affinity for carbolic acid it is not readily absorbed, while sulphate of sodium is rapidly absorbed and entirely changes the properties of the acid forming the innocuous sulpho-carbolate.

This case also, like the former was marked by vomiting frequently; an inability to retain anything, especially solids, in the stomach, prolonged physical depression, polyuria, and though convalescence was very slow, yet the patient ultimately recovered.

It was positively ascertained that at least two drachms of crude carbolic acid had been taken by this patient.

THE first number of the new volume of the *Maryland Medical Journal* begins the weekly issue of this excellent journal. We wish our able contemporary a continuance of good fortune.

ARTICLE IV.

PHYSICIANS AND PHARMACISTS.

By J. F. HANCOCK, PHARMACIST, BALTIMORE.

There is need of a better understanding between physicans and pharmacists, and their mutual obligations to the public should be more clearly defined.

The science and practice of medicine is designed to better the physical condition of man, in which the physician and pharmacist should be co-laborers. The physician is expected to be qualified in scientific and practical knowledge for the successful practice of his profession and apply the same to the relief of human suffering by the application of direct and indirect means and appliances, placed at his disposal. He comes in contact with the head and heart of the family, and becomes the confidential adviser in things medical. The pharmacist is expected to be qualified in the science and art of selecting, combining and dispensing medicinal agents, and is not in any sense the advisory head in things medical, but is the middle man, dealing more with servants than with masters, and is expected to meet the demands of the medical profession and the public in articles as numerous and varied as the ideas of a well informed medical mind. He acts upon the presumption that physicians and the public at large understand the application of the remedies they order, but his pharmaceutical education is expected to include a knowledge of medical properties and doses of medicine, so that he may detect accidental errors of physicians on the one hand, and ignorance on the part of pretenders. Thus he stands again as the middle man between the prescriber and death.

The physician is compelled to a large extent to rely on the knowledge, skill and integrity of the pharmacist, who is his most important auxiliary in combating disease. When he sends forth his prescription to the pharmacist, his reputation and the safety of his patient are transferred to a large extent to the latter. The physician should assume that the pharmacist is proficient in knowledge and sincerity of purpose, otherwise he should not entrust him with a responsibility of so much importance. When the physician is called to see a case, he and the pharmacist should presume ignorance on the part of the patient, who, though well informed and educated in a general way, is

not sufficiently informed in medicine or pharmacy to act upon his own responsibility in cases so serious as to require the aid of a physician, for if such were the case every man would be his own physician.

With this understanding of mutual duty and mutual responsibility, there should be an intimate association of the physician with the pharmacist, and one should not burden the other with unpleasant duties.

It is proper that both should protect the public whom they serve by mutual arrangements, to be held as sacred obligations, which could be done if ethics are worth anything, and if there exists unanimity of feeling in the two professions.

With such an understanding it becomes the moral duty of the physician, who occupies the first position in medical science, to teach by example and to encourage the pharmacist to an honorable conduct of his business. Physicians should prepare the minds of their patrons to appreciate the intelligent and upright pharmacist, and to shield him from condemnation when his duty may seem offensive to his customer, which might appear in a refusal to increase the quantity of a prescription or to replenish the same without the direction of the physician.

It would be better if an arrangement could be made not to repeat prescriptions, except upon the written order of physicians; but in order to effect an arrangement of the kind, physicians should educate their patrons to understand the motive.

The necessity for an understanding on the subject, and an arrangement by which the repetition of prescriptions may be refused is more urgent now than it was in the past, from the fact that the more potent remedies are more largely used by the profession than they were formerly. Modern medical science seems to have cheated nature by the removal of the penalty of pain incident to disease.

Morphia, chloral, chloroform and other remedies that may prove injurious, and perhaps dangerous when imprudently used, constitute important agents in the prescriptions most in demand; and through the accommodating disposition of patronizing physicians and pharmacists, the public are made to know them to the extent described by the poet in the following:

"A little learning is a dangerous thing."

To such an extent have these short home lectures been delivered,

that men of ordinary information, taking advantage of the poet's doubt of human infallibility ;

"When doctors disagree, who shall decide?"

are disposed to act upon the axiom of the ancient Egyptians :

"At forty a fool, or your own physician."

And in this way, relying upon their own observation and judgment, feel that they are safe to use the prescription subsequently, that has done good in a previous case. In many cases they would prefer to use their judgment and the tried prescription of a doctor, to incurring the expense of again calling his services into requisition. Custom makes law ; and for so long a time have physicians' prescriptions been repeated on the order of those holding the original numbers on the label, without the protest of the profession that it would be very difficult, if not impossible for pharmacists to abolish the custom ; and there are many reasons why they would fear to regulate and change, on their own responsibility, a time-honored custom ; nor would it be just for the physician to impose the unpleasant task upon the pharmacist who is not particularly interested in the renewal of prescriptions any further than to appear accommodating to his patrons ; nor is he the one to sit in judgment on the merits of the case. If the physician will have an understanding with his patient that his prescription is intended only for the present case, and shall not be used subsequently or in other cases, except upon his order, that will be quite agreeable to the pharmacist. For our part we have always discouraged the repetition of prescriptions, but in no instance has the repetition been refused when insisted upon, except in one case some years since, in which the party was offended by the refusal and complained to the doctor, who, instead of defending us, gave a copy of the prescription and ordered it to be taken to another pharmacy.

In the absence of official action on the part of physicians, and a proper appreciation of the danger on the part of the public, pharmacists cannot do other than obey the commands of their patrons on the written prescriptions of physicians, no matter how much they may desire a more professional conduct of business. We cannot see how individual arrangements between physicians and pharmacists can prevent the repetition of prescriptions unless the patient consents. If anything is done in this matter, it should be the action of representative medical bodies and published to the community at large,

and physicians interested in the reform should take the trouble to explain the importance of such action to their patrons. If it is not desirable to have prescriptions repeated, and a double quantity or more put up at a time, physicians should refuse the privilege, not by their individual acts, but by an official expression of the profession in a representative capacity. This would afford a defence quite agreeable to the writer, and doubtless to the representative pharmacists of the country, and would avoid the necessity of displeasing customers in the discharge of official duty; in which event, however, it would be necessary for the united action of the medical profession to popularize the innovation, which is contrary to continental custom; and it would be necessary for all physicians to refuse verbal orders for the repetition of prescriptions, otherwise there would be confusion.

It is immaterial to the pharmacist in the proper conduct of his business, whether the prescription be an old or new one. All he desires is not to be burdened with a duty which is not properly referable to him for decision.

CURRENT LITERATURE.

LECTURES DELIVERED TO THE EMPLOYEES OF THE BALTIMORE AND OHIO RAILROAD CO. By Professor H. Newell Martin, and Drs. Henry Sewall, Wm. T. Sedgwick and Wm. K. Brooks of the Johns Hopkins University, Baltimore, 1882. Pp. 98.

This handsomely printed brochure contains four elementary science-lectures delivered to the employees of the Baltimore and Ohio Railroad Company, by the distinguished professor of physiology and his associates in our great university. The lectures were fully illustrated by diagrams which are here reproduced, and are upon the following topics: 1. How skulls and back-bones are built; 2. How we move; 3. On fermentation; 4. Some curious kinds of animal locomotion. The lectures were delivered under the auspices, and are now printed at the expense of Mr. J. W. Garrett, the president of the company.

The delivery of lectures upon scientific subjects to workingmen is a new experiment in this country, although in England the most prominent scientists have contributed some of their best endeavors to render this form of instruction successful. The trial made in this

city by President Garrett and his scientific coadjutors has been very encouraging, and deserves imitation. Professor Martin, who writes a prefatory note to the lectures, states that the audiences were two or three times the size anticipated, and closely attentive to the lecturers. He adds, that "No one of us desires to ever lecture to a more friendly audience or one more generous in its sympathy."

Annual Address of Edward Fenner, 1st Vice-President N. O. Auxiliary Sanitary Association. New Orleans, 1883. Pp. 18.

Col. Fenner answers in a practical and direct manner the question: What has been done and what remains to be accomplished to render New Orleans healthy and prosperous? If the lessons of the past are borne in mind, and applied in future, it goes without saying that "the good health of New Orleans, and its uninterrupted prosperity will be assured." We have taken occasion before to refer to the good work this association has done in the Crescent city. We trust that local political wrangles will not be allowed to interfere with its continued labors in the interests of sanitary progress.

Communicable Diseases in Michigan during the year ending September 30, 1882, and work of Boards of Health, restricting the same. Lansing, Mich., 1883. Pp. 73.

Dr. Hy. B. Baker, the active secretary of the Michigan State Board of Health, has prepared a report of the work of the several local boards of health of that state, in restricting the prevalence of a number of the various infectious diseases. The report exhibits the results of a class of work which we should like to see more widely imitated.

Seventh Biennial Report of the Board of State Commissioners of Public Charities of the State of Illinois. Springfield, Ill., 1883.

In this report the Commissioners devote considerable space to an exposition of their views upon the construction of insane hospitals, and advocate modifications in the laws of Illinois relative to the commitment of the insane. Much of the efficiency of this Board is doubtless due to the activity of Mr. F. H. Wines, the accomplished secretary.

The Moral Significance of Sterility. By Horatio R. Bigelow, M. D., Washington. Reprint. Pp. 24.

An interesting discussion of a question that is now engaging the attention of thinking persons of all professions. Dr. Bigelow appends a useful bibliography of the subject.

Preventable Disease Circulars. Published by the Illinois State Board of Health. No. 2.—Diphtheria. No. 3.—Scarlet Fever. No. 4.—Typhoid Fever.

These are small pamphlets giving brief and plain directions for preventing the spread of infectious diseases.

Annual Announcement of Cooper Medical College, San Francisco, Cal., 1883. The regular course begins June 4th and lasts until October.

Addresses delivered on the occasion of the dedication of Cooper Medical College, by Levi C. Lane, A. M., M. D., Professor of Surgery, and Edward R. Taylor, San Francisco, 1882. Pp. 42.

The Percentage of College-Bred Men in the Medical Profession. By Chas. McIntyre, Jr., M. D,, Easton, Pa. A paper read before the American Academy of Medicine. Philadelphia, 1883. Pp. 13.

Tuberculosis as an Infectious Disease.—The connection of the Lower Organisms with Infectious Diseases. By W. T. Councilman, M. D., Baltimore. Reprints, Pp. 6, 12. Interesting summaries of recent views.

A Study of the Malformations, Variations and Anomalies of the Circulatory Apparatus in Man. By Randolph Winslow, M. D., etc., Baltimore. Reprinted from *Annals of Anatomy and Surgery.* Brooklyn, 1883. Pp. 40.

A paper of great value and interest to surgeons and anatomists.

Fifth Annual Report of the Presbyterian Eye and Ear Charity Hospital. Baltimore, 1883. Pp. 40.

Prof. Chisolm, the executive surgeon in charge of this admirable charity, reports 875 operations upon the eye, ear and throat, performed during the year.

A Review of the Operations of the National Board of Health. Letter to Professor R. C. Kedzie, President of the American Public Health Association, read at the meeting of that body in Indianapolis, Oct. 18, 1882. Together with the resolutions adopted. Washington, D. C., 1882. Pp. 42.

Directory of Medical Colleges "in good standing," issued by the Illinois State Board of Health. Springfield, Ill., 1882. Pp. 96.

The Opium Habit. By E. H. M. Sell, A. M., M. D. Pp. 32.

EDITORIAL.

THE INDISCRIMINATE REPETITION OF PHYSICIANS' PRESCRIPTIONS.

On April 8, a young lady temporarily residing in this city, lost her life in consequence of a custom too prevalent hereabouts—that of apothecaries repeating prescriptions without authority from the physician. The circumstances attending the case were as follows: The young lady was a sufferer from prolonged insomnia, for which her medical attendant—one of the most accomplished physicians in the city—prescribed moderate doses of chloral. This was continued for a time until the physician discovered that the patient took the drug in larger quantity, or more frequently than he had directed. The discontinuance of the medicine was at once ordered. The patient had, however, in the meantime copied the prescription, and was in the habit of sending it to different drug stores in the neighborhood, ordering large quantities; in one instance "five dollars worth of the medicine" was ordered and obtained. Only two things could happen in consequence of this constant taking of chloral: either slow poisoning, or else an overdose and sudden death. The latter event occurred. A jury of inquest promptly rendered a verdict in accordance with the above facts, which were fully established by the testimony. The druggists who so carelessly dispensed the poisonous drug, were severely censured by the jury.

The lack of appreciation of the consequences involved in "raising" a two ounce prescription to one amounting to two pints, becomes in a competent apothecary little less than criminal carelessness. If it is a custom, as stated, that "all druggists do the same," it seems to us about time to abrogate the custom.

We do not believe however, that anything will be gained by placing the blame for such serious mishaps as that above narrated entirely upon the apothecary. The public insists upon certain rights and privileges, and if one druggist fails to be accommodating, others will. While pharmacy is a scientific profession, it has nevertheless certain business relations with the public, which must be considered in all attempts to reform abuses, such as the one under disscussion. As is clearly shown by Mr. John F. Hancock, in his paper, in this issue of the CHRONICLE, the physician has certain duties in this mat-

ter which have heretofore been too much neglected, to the detriment of the public and apothecary. It has been too customary in dealing with this question to ignore nearly, or quite altogether the duty of the physician, and to attempt to impose the burden of making a change entirely upon the druggist. Mr. Hancock's suggestion, that medical and pharmaceutical organizations should attempt to come to some official agreement which should be mutually binding, seems to us a wise and practicable one. We are not at present able to suggest details as to how this may be carried into effect, but we invite contributions from members of both professions. A little clear thinking and right speaking, will doubtless show a way out of the difficulty.

THE INDEX MEDICUS.

"Boil it down" said the judge. "You lie" said B. Butler. In these incisive quotations from the "Harvard Lampoon," these "Sabre cuts of Saxon speech," may be found the essence of the progressive American spirit of to day. "Who reads an American book?" is no longer asked; rather it might be questioned: who reads an English book, of medicine? verbose, desultory, antiquated and *unindexed* as many of them are. Articles to day must be indexed, and that under various headings, whether they are chapters in books, essays in journals or monographs in themselves, or they will not be sought, nor, at least, found if sought. When found they must be concise, clear, and comprehensive. We not only demand to day instruction upon every point but we demand it condensed into portable packages of information. There is too much to be read for one to undertake any subject in which the writer has not been sufficiently interested to condense the subject material into a summary. In fact as a rule it is the summary alone which is read. The summary is the raison d' étre of the whole article and many writers prepare their "summary," that is, what they really have to say, first, and make an introductory complete article by merely expanding, with literary "padding," the "summary "ostensibly condensed form the article preceding.

Now, summaries and articles are alike useless unless they can be found. The motto of Harvard University Library is "Scire ubi aliquid possis invenire magna pars eruditionis est;"—a great part of learning is to know where you can find anything. The practical American mind has elaborated indexes; not merely as the card catalogues of libraries,

but as bulky tomes of references to all the periodical literature of the day, as, for instance, Poole's [of Boston] monumental work, considered the finest of its kind in existence, and also as more portable monthly records classifying current literature upon one science, as, for example Billings' [of Washington] most practical and useful Index Medicus, the only one of the kind in the world.

The Index Medicus while of value to every medical man, and especially to every medical writer, is indispensable to every medical library or society worthy of the name, throughout the length and breadth of our land.

Brother Editor, the Index Medicus collates our papers, thus advertising our journals, and yet exchanges its expensive publication with us, thus giving us more than a quid pro quo. Can we not show our gratitude, and our appreciation, as physicians and as Americans, of the Index Medicus, which is an honor to our country, by insuring the permanent publication of that journal. Less than one hundred additional subscriptions are required to this end. Will you not each publish one "editorial" upon the Index Medicus to your subscribers? issue one request to all other medical editors to go and do likewise? and make a personal effort to obtain, each of you, at least one library or society subscription?

There is nothing else of the kind in the world. It is regarded by men abroad as a credit to America. If not kept alive now it can hardly be resuscitated, such a vast amount of labor is necessarily involved. It brings to your desk the knowledge of the progress of the whole world in each branch of medicine. Let no library or society fail to subscribe, if only for one year. Give it a chance to prove to you its right to live, and that for your sake, not its own.

Disgraceful Criticism.—A most shameless perversion of the critic's privilege occurs in *Gaillard's Medical Journal* for March 31. The editor in censuring a recent decision of the Illinois State Board of Health makes an unjustifiable attack upon the motives of the board, and especially of its secretary, Dr. John H. Rauch. No sane man knowing Dr. Rauch personally would dare accuse him of weakness or cowardice, and no person knowing the facts in the case would assert that "the Illinois State Board of Health has disgraced itself and is in its educational status no longer worthy of trust." Rather is such criticism, based as it is upon misrepresentation, a disgrace to fair and honest journalism.

FLOTSAM.

Dr. Wm. H. Galt has been appointed health officer of Louisville.

The bacillus tuberculosis has been found in the urine by Prof. Rosenstein of Leyden.

Dr. Wm. H. Van Buren the distinguished Surgeon died in New York on March 25th, aged sixty-four years.

Mr. Edward Fenner has been elected president of that excellent organization, the New Orleans Auxiliary Sanitary Association.

A midwife has recently been on trial in England for communicating syphilis to about thirty married women and two infants while in the discharge of her art.

Surgeon-General Joseph K. Barnes, U. S. Army died in Washington, April 5th, of diabetes. Dr. Barnes succeeded Dr. Wm. A. Hammond as surgeon-general of the army in 1864, and was retired from active service last year.

The Argentine Republic, according to the *Chicago Medical Journal and Examiner*, gives liberal stipendia to young physicians who have excelled in their examinations, and they are thus enabled to go abroad and finish their studies in Europe.

Winter Cholera, so called, has been prevailing in certain cities of Connecticut during the past winter. The symptoms resemble true cholera, but the disease does not tend to produce death. The cause is unknown. An attack usually lasts four days.

The Cartwright lectures of the Alumni Association of the College of Physicians and Surgeons of New York, for 1883, were delivered by Dr. W. T. Belfield of Chicago. The subject discussed by the lecturer was the Relations of Minute Organisms to Disease.

Sir Henry Thompson explores the bladder by introducing the finger through a perineal incision. He reports (Lancet, Feb. 10) fourteen cases in which this method of exploration was adopted. In six of the cases, growths were found in the bladder and successfully removed.

Mr. J. H. Salls, a pharmacist of Lake Crystal, Minn., writes to the *National Druggist's Journal* that he has had experience with the soda treatment of burns since 1877. He endorses fully the claims of Dr. Free (*Chronicle*, March, p. 205) for this simple and effective treatment.

The Councillors of the Massachusetts Medical Society have decided not to recognise diplomas issued by the Columbus Medical College, for admission to the society. Similar action on the part of the board of examiners of the Medical and Chirurgical Faculty of Maryland would doubtless meet with general approval.

ALCOHOL in large doses is used by Dr. Mitchell of Cincinnati in the treatment of scarlatina. He reports forty-three cases treated without a death. Half an ounce of whiskey was given every hour to a patient two years of age, with a favorable effect always.

OUR FRIEND, Dr. James B. Baird publishes his valedictory in the April number of the *Atlanta Medical Register*. Under his management the *Register* attained a high standard, which, we trust will be maintained under his successor, Dr. J. H. Logan. Dr. Baird's retirement is a loss to medical journalism.

MESSRS. P. BLAKISTON, SON & Co. have published in a neat brochure, the proposed ordinance for regulating the plumbing, house drainage, registration and licensing of plumbers in the city of Philadelphia, submitted to the City Council by the "Committee of twenty one." The pamphlet can be obtained by enclosing ten cents to the publishers.

THE MARINE HOSPITAL SERVICE does not seem to have inspired the most implicit confidence in the south by the result of its *cordon* at Brownsville last year. The Brownsville authorities supported by the local press have made some very serious charges against the administration of the quarantine service at that place during the yellow fever epidemic in 1882. The *Sanitarian* has also taken up the fight, and is dealing the medical service of the Treasury department some hard knocks.

THE LEADING lights of the *pilz-pathologie* are still far from unanimous. Thus Koch, in a recent paper, sits down on Pasteur in the following unkind manner: "The researches of Pasteur are of no practical value because his preventive inoculation does not afford sufficient protection against the natural infection; 2. granting that in some instances protection occurs, it is of so short a duration as to make it practically worthless; and 3, because it is dangerous to man and animals. Preventive inoculation may be practiced in future, but the methods suggested by Pasteur are valueless. Other methods [to be invented by Koch, perhaps, R.] may fulfill what has been so prematurely claimed by Pasteur."

AT THE recent meeting of the Louisiana State Medical Society the following resolution which needs no comment at our hands was adopted. There seems to be a new and original school of virus attenuators in that state:

"Whereas, This society is informed that it is the practice of one or more practitioners of medicine within the limits of this state to inoculate human subjects with lymph or pus taken from small-pox patients, previously mixing it with milk or cream; therefore be it

"*Resolved*, That the practice of inoculating small-pox by mixing any product whatever from the body of a small-pox patient with milk, cream, butter, or any fluid obtained from the cow, is productive of no modification beyond that of direct inoculation from one person to another. It does not deprive the person thus inoculated of that power to communicate the disease through the atmosphere, which naturally small-pox possesses, and is therefore dangerous to public health."

A DINNER was given in New York to Dr. Oliver Wendell Holmes on April 12, by a number of his professional admirers. Over two hundred physicians and prominent representatives of other professions were present. Poems were read by Dr. A. H. Smith and Dr. Holmes and speeches were made by Bishop Clark of R. I., Dr. Fordyce Barker, Dr. Thomas, Mr. Evarts, Geo. William Curtis and Whitelaw Reid. The affair was a complete success and an appropriate tribute to the foremost representative of medicine, viewed as a liberal profession, in the United States. Landor has said in his terse, epigrammatic way:

"Many can rule and more can fight;
But few give myriad hearts delight."

Dr. Holmes is without question one of these few. May the twentieth century be well on in its teens before he says the final "good bye."

PRESIDENT A. D. PRICE of the Kentucky State Medical Society delivered a highly interesting and instructive address at the meeting of the Society on April 4th. The importance of keeping a record of cases, the improvement of the standard of medical education by sending better material to the colleges—making the preceptor in part responsible for the character and capacity of the student, the advantage of a more general study of veterinary medicine, the education and training of nurses, the objections to the indiscriminate and continuous prescribing of opiates, criminal abortion, the regulation of prostitution, and specialisms in medicine are some of the vital topics discussed by Dr. Price with ability, clearness and excellent taste.

THE FIGHT over the Codes, in New York, which it was believed was settled, for a time at least, by the adoption of the new Code by the State Medical Society at its last meeting, has been renewed in the City of New York. A petition is circulating among the physicians in that city favorable to the old Code which has already obtained upwards of four hundred signatures. This has stimulated the new code supporters to renewed activity, and a meeting was recently held at the house of Dr. Jacobi, at which a committee was appointed to take measures to sustain the present code. It is said that the new code men purpose circulating a similar petition to which they expect a larger number of signatures than their opponents can obtain.

OUR enterprising contemporary, the *Miss. Valley Medical Monthly* sends us as a supplement to the April number, a neatly executed map of the Memphis, or "the Taxing District of Shelby County" as it is now legally styled, showing the arrangement of the Waring sewerage system which was adopted in that city in 1880. The editor of the Monthly states that the mortality has not been increased since the adoption of the system as has been asserted on various sides, yet he admits that it has not diminished. It is claimed however that "zymotic diseases are much less frequently observed, are more manageable, and the mortality from this source is greatly less." We should like to see the figures for the last three years. Will our contemporary publish them?

THE

MEDICAL CHRONICLE.

BALTIMORE, JUNE, 1883.

ORIGINAL ARTICLES.

ARTICLE I.

NOTES OF A CASE OF ERYTHEMATOUS LUPUS COMPLICATED BY THE TUBERCULAR SYPHILODERM.

By I. EDMONDSON ATKINSON, M. D.,
Professor of Pathology, and Clinical Professor of Dermatology in the University of Maryland.

The following case presented such unusual features, and, during its course, threw such difficulties in the way of correct diagnostication, that I have ventured to report a somewhat detailed account of its characteristics; of the therapeutic measures adopted to combat it, and the reasons that have induced me to classify the malady as I have. The patient was referred to me by my friend Dr. Samuel Johnston, March 13th, 1879.

He was a strongly built negro, about 43 years of age, married, but childless, engaged in business in a neighboring town. He was of temperate habits. He had suffered much from malarial fever, and felt at the time quite debilitated. Fifteen years previously he had had a sore upon his penis, but had no recollection of any symptoms that would indicate constitutional syphilis. He had been remarkably free from cutaneous eruptions until recently. About two years previously he began to have some trouble with his nose, and consulted Dr. Johnston about it, who discovered ulceration of the nasal mucous membrane, with involvement and partial destruction of the cartilaginous septum. At the same time there was a small ulcer upon the left side

of the neck. Under a treatment of combined potassium iodide and mercury, the lesions healed speedily, without any mechanical interference. During November, 1877, a small spot of eruption made its appearance over the right side of the nose. This spread gradually and steadily, in spite of anti-syphilitic treatment rigorously carried out under Dr. Johnston's direction. Indeed, not the slightest influence seemed to be exerted upon its course, which had been steadily progressive until the patient came under my observation.

At this time (March 13th, 1879) the skin was involved over the right nasal bone, not as far as the ala nasi, the canthus or eyelid. The eruption crossed over to the left side of the nose, involving its whole surface as far as the tip and nostril. It extended over the left cheek, sparing the eyelid, as far as the malar prominence, thence downward and slightly outward to a point level with the angle of the mouth, thence inwardly, including the upper lip nearly to the median line. The entire surface within these bounds was uniformly covered with a continuous, elevated, but somewhat rugous crust, rising abruptly from the healthy border. This crust was of a grayish slate color, and where thinnest, of a dirty opaline hue. The margins were irregularly convex. It was in a softened condition from citrine ointment, diluted with vaseline, that he had been using. When portions of it were raised with the finger, as could be done with ease, they were found to cover an infiltrated surface of uneven appearance, of dusky hue, but entirely free from ulceration. In some places the crust was moderately adherent, and upon lifting it, tiny prolongations could be seen, stretching downward as if they had filled the sebaceous ducts, the orifices of which, though visible, were of small size. There was not the slightest sign of fluid exudation, although the under surface of the crust was soft and sticky. The entire surface was prominent and more or less irregular, the crust attaining in places a thickness of from 2 to 3 mm. It was thickest upon the nose, which presented a strikingly bulbous appearance and a size disproportionately large. The crust suggested a resemblance to the rough bark of a tree and in its distribution and characters, the peculiar accumulations of lupus erythematosus, with excessive sebaceous products. There was no lymph-glandular enlargement whatever. Except a slight stinging of the affected part, there were no subjective symptoms. Occasional malarial attacks were the only manifestations of constitutional disorder, nor were there any evidences of cutaneous disease except those described.

Though hesitating to form at once an opinion as to the syphilitic or nonsyphilitic nature of the affection under consideration, the patient was given a prescription for potassium iodide and the syrup of the iodide of iron, and was directed to continue the ointment. He returned March 23rd, feeling better and with the crust partially removed from his face in consequence of the softening influence of the ointment. He complained that I had given him the same medicine he had been taking for a long time and that it made him sick. I now gave him $\frac{1}{16}$ of a grain of corrosive sublimate with tincture of the chloride of iron thrice daily and directed him to use, in addition to the ointment, the spiritus saponatus alkalinus, which was to be rubbed with vigor into the part daily.

This treatment was followed out until April 17th, when the crust had become removed in great part, so that it was now possible to gain a pretty good idea of the condition of the skin. Upon the cheek and upper part of the nose, this was of a dusky red color, clearly discernible through the natural darkness of the complexion. The orifices of the sebaceous glands were noticeable, but not notably enlarged. The finger passed over this surface, encountered a slight feeling of roughness. *There was no sign of scarring anywhere.* Upon the nose and upper lip, there were now a few soft, tubercular prominences, varying in size from that of a small shot to that of a small pea. These gave a more or less knobbed appearance, but were quite without ulceration. In the vicinity of these, the crusts were more adherent than elsewhere. These nodules were situated upon the right side of the nose over the nasal bone and upon the left ala nasi and nostril; one or two were visible upon the upper lip close to the nostril. They were quite soft and indeed the whole surface offered but little resistance to the touch. Toward the tip of the nose, projecting slightly beyond the medium line was a discoid, elevated, slate-colored scab about 2mm. thick and of the diameter of a five-cent piece (nickel.) The left ala was thickened to twice its normal size and the nostril was correspondingly narrowed. A tiny ulcer of pinhead size and soft, was seen just above the nostril, upon the ala. A new discoid crust, similar to the one just noted in size and appearance had developed upon the left cheek toward the ear. It covered a surface, the epidermis of which was whole and showed moderately dilated sebaceous orifices. There was nowhere fluid discharge. Citrine ointment was continued as an application and $\frac{1}{20}$ grain of arsenious acid was given thrice daily

in pill. Upon June 7th, no improvement could be observed ; on the contrary, there had been slight extension to the right ala nasi, where several small tubercles of soft, fleshy feel appeared along with an extension of the crusts. He was ordered to use the *emplastrum hydrargyri* at night and to continue the daily application of the spiritus saponatus alkalinus. By July 9th, there was much improvement in the condition of the crust, which had been entirely removed, except three discoid ones, 1 cm. in diameter, upon the nose. The skin was still congested, and thickened, and if closely examined was seen to be covered with thin adherent scales. No sign of cicatricial formation anywhere. The use of mercury was abandoned, it having now been given since March 23rd, with brief intervals to avoid the danger of ptyalism.

Cod liver oil in liberal doses was administered, and spt. saponat. alk. cum. pice was directed to be used twice daily. By Sept. 16th, his condition, so far as his cheek was concerned, was very satisfactory. There seemed to be but little disposition to renew the crust, though the skin remained reddened and thickened. The nose and upper lip were improved as regards the general surface, but the tubercles now extended over both alæ, soft to the touch and equalling in size small peas. They also involved the nares, which were thickened and swollen, and the lips to the vermilion border. J——, was (Sept. 16) placed under the influence of ether, and with Volkmann's curette, I spooned out the infiltrated material which broke down with great ease and was removed in masses. In this manner much tissue was torn from isolated points upon the upper surface of the nose, while all of the integument of that portion bordering the nares and extending to the lower third of the right ala was removed. The nitrate of silver point was next driven through all yielding portions of the diseased surfaces, after which dry lint was applied.

He was directed to return in a month, and in the meantime, after the removal of the slough, to rub vigorously the spts. saponat. alk. c. pice into the parts not operated upon. Upon his return, Oct. 25th, most satisfactory improvement was observed. The nose was much reduced in size, cicatrization was perfect, except where here and there points of the new-growth had escaped destruction. These points were again scraped out, and the curette applied thoroughly to the left ala and upper lip, points not touched at the first operation. The lunar caustic was again thoroughly applied. Dry lint was again used

as a dressing. Iodide of potassium was now ordered in doses of 10 grs. thrice daily, and its good effects were seen in the steady progress toward recovery that now was observed.

The patient was last seen March 22nd, 1880. Cicatrization was perfect everywhere. The nose, though showing the scars of the operations, was free from disease; was in excellent shape and showed no asymmetry from loss of substance. This was only observed in the alæ, which were retracted so as to expose the septum to an extent equal to about 5mm. There was no evidence of returning tubercles here nor upon the lip. Recovery of these parts seemed perfect. The erythematous condition of the upper part of the nose and cheeks had almost disappeared under the use of spirits of green soap and tar, but their surface remained unctious, and the sebaceous glands could be seen to project their contents somewhat above their orifices. There was no longer any tendency towards the production of crusts, and the patient considered himself about well. As communicated by letter some months later, improvement continued to be most satisfactory.

The difficulty in forming a correct diagnosis in the preceding case is apparent. That the malady was not lupus, pure and simple, must be conceded, since, though the characteristics of lupus erythematosus were undoubtedly present, the occurrence of the tuberculations in the affected area certainly cannot be ascribed to this affection, to which such lesions do not belong, nor yet can we admit that they could result from a combination of lupus vulgaris, with lupus erythematosus, a condition though not impossible, certainly of great rarity. For, while the latter may perfectly well develope at an age corresponding to that of my patient, the former affection always appears for the first time, before adolescence, though once developed, it may persist indefinitely; moreover the tubercles were larger than those of lupus vulgaris, and invaded the parts with much greater rapidity. On the other hand, the vigorous anti-syphilitic treatment instituted by Dr. Johnston, and persisted in by myself for months, should have shown some therapeutic influence, had the morbid process been purely syphilitic, although it must be confessed that the enormous doses of potassium iodide that it is sometimes necessary to employ in old syphilitic cases were not given by us. However, in other lesions that appeared to have been undoubtedly of syphilitic origin, anti-syphilitic treatment directed by Dr. Johnston was followed by promptly favorable

results; while the lesions we are considering, developed and increased in spite of the remedies usually employed to control syphilitic manifestations. Finally, the prompt and complete relief afforded by mechanical interference, would seem to negative the idea of a syphilitic origin.

It has occurred to me that a solution to the difficulty is afforded, if we ascribe the lesions to the engrafting of a tertiary syphilitic process upon lupus erythematosus. It cannot be denied that the symptoms of the latter affection were exhibited in the distribution of the earlier eruption, the erythematous condition of the skin, the peculiar implication of the sebaceous glands, the special physical features of the crust. Indeed, I do not think we can avoid the conclusion that lupus erythematosus was present. The tuberculations that developed after the establishment of the lupus must be regarded as the expressions of a very late syphilitic vice, developing in a point of least resistance, already the seat of a special granulation tissue exudation, and itself prone to develop the results of late syphilis of extraordinary unamenability to treatment. It may be that a more energetic and powerful anti-syphilitic treatment would have accomplished the same ends, but it appears probable that the mechanical and chemical destruction of the neoplasm, incapable of higher organization and destined to ultimate disintegration, relieved the embarrassed nutritive functions of the tissues, and enabled them to complete the reparative processes under the influence of the specific remedies employed. This effected, the lupous infiltration, already exhibiting the favorable influence of the appropriate treatment employed, continued to give place to the processes of health.

THE AMERICAN PSYCHOLOGICAL JOURNAL.—The National Association for the Protection of the Insane and Prevention of Insanity has begun the publication of a quarterly journal under the editorial management of Dr. Joseph Parish. The first number, which lies before us, contains articles by Drs. J. Milner Fothergill, Norman Kerr, W. W. Godding, Walter Channing, Chas. K. Mills, and others. The journal is published in a very handsome shape, at $2.00 per year. P. Blakiston, Son & Co. of Philadelphia, are the publishers.

ARTICLE II.

THE AFTER-TREATMENT OF PERINEORRHAPHY.

By J. H. SCARFF, M. D., BALTIMORE.

The ultimate success of a surgical operation depends as much, if not more, upon an appropriate and scientific after-treatment as upon the operation itself. Let the operator be as skillful as he may in wielding the scalpel, or ever so learned in the anatomical structure and relations of the human body, yet if he does not possess the faculty for applying appropriate after-treatment he will meet with but few successes. In the after-treatment of operations for restoring the lacerated perineum, much of the success will depend upon the preparatory treatment. We should begin, at least ten days before the proposed operation to relieve the intestinal tract of all scybalous masses. This can be done with compound cathartic, or rhubarb pills, or the compound licorice powder, given in sufficient doses to produce, at least, two alvine evacuations in the twenty-four hours. At the same time the patient should be fed liberally upon animal broths, oat meal, potatoes, etc. The operation now completed, how shall we manage our patient so as to insure to her the proffered relief? Most of the text books give similar views in answer to this question. The patient should be put carefully to bed, after having her bladder emptied by means of a catheter, her knees bound together so that the parts may be kept as free from tension as possible, and appropriate remedies given to relieve pain. The attending surgeon or a competent assistant should visit the patient at least twice a day in order to empty the bladder. This should never be left to the nurse unless you have every guarantee that she is an experienced one in the use of the catheter. Self retaining catheters are objectionable and often harmful and without the greatest care and cleanliness will inevitably result in a most annoying case of cystitis. Their removal, for the purpose of cleansing, and the re-introduction I have found far more unendurable than the introduction twice, or thrice a day if necessary, of a flexible male catheter which is admirably adapted for this purpose. In the former a certain amount of urethral irritation is produced which will nearly always cause a dribbling of urine over the perineum. A flexible male catheter can be very readily introduced by relaxing the bandage around the knees so as to permit of a partial

separation of the legs, and passing the index finger of one hand just under the urethral orifice as a guide, the catheter is passed along it into the bladder. I have never experienced the necessity of flexing the thighs upon the abdomen to accomplish this procedure. The important question to be answered in this paper is, how must we manage the bowels? Thomas says, "keep the bowels constipated for four days after operation till primary union takes place." Emmett, "the bowels should be kept constipated until the sixth or seventh day, when a dose of castor oil should be given, aided if necessary, by an enema of warm olive oil; after the bowels have been operated upon, the sutures will be removed and they must again be constipated by a proper diet or opiates, if necessary, for six days longer." Says Goodell, "our patient's bowels must be locked up; one grain of opium every four or six hours, if needed, until the sixth or seventh day, when all the sutures but the rectal one, will be removed and on the eighth day four ounces of warm olive oil, or one ounce glycerine and two of water, should be thrown into the rectum followed two days later by a dose of castor oil." From the weight of these authorities one would naturally assume that the essential element in the proper after-treatment of operations for restoring the lacerated perineum is the constipated bowels. My experience has somewhat led me to doubt the expediency of this procedure, although I may have failed in carrying out the essential details in relieving a rectum loaded with scybala. I have never been able to soften the entire mass collected in the rectum and small intestine, and the tenesmic efforts set up by injections for this purpose, coupled with the passage of hard scybala, have several times rendered my operations unsuccessful. I have adopted the plan of keeping the bowels open, after, as well as before the operation with the most gratifying results, as the following cases will show. Remedies should not be used to the extent of either producing tenesmus or hypercatharsis.

Case 1.—Mrs. H——, primipara, was confined August 10th, 1882. Upon my arrival at the house, I found the child lying between the mother's legs upon the bed. The nurse informed me, that after a half hour of strong expulsive pains the child was born. On examination I found a complete laceration of the perineum, extending one inch into the recto-vaginal septum. The placenta, which had come down into the vagina, was removed, the vagina and external parts cleansed with carbolized water, bladder emptied, knees bound together

and the patient was left for the night. The rent extended so far into the recto-vaginal septum that I did not deem it advisable to do the immediate operatian but delayed until September 24th, the patient in the interim being prepared for the operation. On the day, named, with the aid of my friend Dr. Brinton, and other assistants, I attempted to repair the damage. The divided recto-vaginal septum and perineum were restored at one operation. The vagina was cleansed of all blood-clots, bladder emptied, knees bound together and patient placed in bed. Opium, one grain every six hours, ordered to be given to constipate bowels and relieve painful tension of the sutures, patient visited twice daily and bladder carefully emptied, vagina was again washed out with carbolized water on third day and parts anointed with cosmoline. The case progressed well until the eighth day, when all the sutures save the one enclosing the sphincter, were removed. Continuity along the entire rent seemed perfect. I then had injected into the rectum four ounces of warm olive oil which was retained as long as was thought necessary. This was followed in two hours by a large dose of compound licorice powder. The nurse, a thoroughly competent one, was instructed to carefully protect the parts, break up all scybalous masses, in order to prevent as much tenesmus as possible. I found at my next visit, eight hours later, that the rectum had been emptied, but much to my chagrin the recto-vaginal septum had been torn asunder leaving a large fistulous opening through the perineum just above the sphincter. I had, simply, two bridges over the former rent, one occupying the one-half of the anterior portion of perineum, the other just at the sphincter. The non-success of this operation was, I think, clearly attributable to tenesmus in the passage of hard scybala. The patient was made aware of the failure and its probable causes, and a second operation suggested, to which she consented. This was done four weeks later. The same preliminary treatment was pursued, the adherent portions of rent were divided and the remaining cicatricial edges denuded. The operation as before was completed at one sitting and the same mode of after-treatment adopted, save the locking of the bowels. These had been kept open prior to operation by pulv. glycyrrh. comp. and it was continued after in sufficient doses to produce about two natural stools in the twenty-four hours. The diet consisted of animal broths, oat meal, soft boiled eggs, etc., milk being avoided owing to its tendency of forming caseous masses in the intestines. On the ninth day the sutures were re-

moved and I was gratified to announce that the operation was a complete success. I anticipated much pain owing to the frequency of the stools, but in this I was agreeably disappointed.

Case 2.—Mrs. M——, German, primipara, was taken in labor Oct. 2, 1882. A mid-wife was called to take charge of the case and arrived about 6 P. M. of same day. The following afternoon she had succeeded in delivering all but the head (the case being one of breech presentation) and having failed in her efforts to accomplish this, I was summoned to take charge of the case for Dr. Jenkins: I found the child, as represented, with chin above the symphysis pubis; turning the child upon the abdomen of mother and using traction from shoulders, I soon succeeded in completing the delivery of a "still-born." This was rendered more easy from the fact that the perineum had been lacerated down to, and through the sphincter, extending some distance into the recto-vaginal septum. The parts were cleansed and vagina syringed with carbolized water, and the knees bound together so as to allow nature to restore, as much as possible of the divided septum. The effects of this solution of the continuity of the parts soon presented themselves to her, and she desired relief. I informed her how this could be accomplished, to which, she at last, reluctantly consented. After a preliminary treatment of two weeks, with the assistance of Drs. Rohé and Jenkins, the operation was done, and completed at one sitting. The plan of after-treatment of the second operation of case 1 was adopted. The bowels were moved once or twice daily with the Offner Racoczy Bitter Water, a favorite remedy with the patient, and, by the way, most admirably adapted owing to its ability to produce soft, mushy stools and no rectal tenesmus. On the afternoon of the eighth day I removed the sutures, touched the perforations from the sutures along anterior floor of vagina with nitric acid, to produce healing, and again I was greeted with the same signal success as attended the second operation of case 1. If we can successfully repair the damage by this mode of after-treatment in cases involving the recto-vaginal septum, surely we can expect, even more in simple lacerations of the perineum, and I shall in the future continue to practice this plan until experience teaches me that I am in error.

Dr. J. W. C. Cuddy of this city has been very ill from a severe attack of nephritic colic.

ARTICLE III.

TWO CASES OF FATAL DESTRUCTIVE DISEASE OF THE KIDNEYS FOLLOWING URETHRAL STRICTURE.

By J. W. CHAMBERS, M. D., BALTIMORE.

CASE I.—John B——, white, age 26, laborer, came to the out-door clinic of the City Hospital, May 6, 1883, complaining of retention of urine. Largest sized catheter that could be passed was No. 4 English, through which between two and three ounces of bloody urine mixed with pus were evacuated. Obstruction situated in lower portion of the spongy urethra. The patient was thin with anxious countenance. No edema. Had worked up to date. Had been complaining for months with occasional attacks of colicky pains in lower portion of abdomen. Examination of urine gave the following result: ammoniacal odor and alkaline reaction, large amount of albumen present as shown by heat and nitric acid and also by picric acid tests. Microscopical examination by Dr. N. G. Keirle, showed pus and broken down blood cells and bladder epithelium, but no casts. A tentative diagnosis of so-called "surgical kidney" was made upon the above evidence and patient advised to enter the hospital to which he was admitted on the same day. Eighteen hours after being admitted, the patient became comatose. He lay on his back, with lower extremities flexed, eyes partly closed, pupils dilated, responding very sluggishly to light. Could not be roused, but touching the conjunctiva with the finger caused the patient to wink. Tears flowing, without any evidence of emotion. Occasional twitching of muscles and extension of upper extremity as if "stretching." Respirations sighing and irregular; now and then gaping. Pulse 120, wiry. Occasionally breaks out in a sweat. Dribbling of urine. Tendon and skin reflexes absent, except in conjunctiva. Occasionally breathing becomes labored. This condition continued until the morning of May 8, when he died.

Autopsy twelve hours after death. Rigor mortis marked. No edema of any portion of the body. Brain and membranes normal, except slight injection of meningeal veins. Lungs normal. Pericardium contained about two drams of straw-colored fluid. Heart normal in size and contracted. Spleen normal. Liver normal in size, but beginning fatty degeneration. Peritoneum and intestines normal. It may be noted that the occasional diverticulum in the ileum, about

three feet from the cæcum, known as Meckel's diverticulum was present.

The kidneys, ureters, bladder, prostate and penis was removed *en masse*. The kidneys looked like two large bladders full of fluid. The bladder was contracted and its walls thickened. The ureters were dilated and sacculated, at points being fully an inch in diameter. The left kidney was found to be one complete sac filled with urine, nearly all of the kidney structure proper being absorbed. At the upper part of the kidney about one-eight of an inch of cortical substance in a state of fatty degeneration, remained. The right kidney resembled the left with the exception that a little more of the cortical substance remained. There was no evidence of inflammation of kidneys or ureters.

About three ounces of bloody urine mixed with pus were found in the bladder, which was fully distended by this small quantity of fluid. The vesical walls were very much thickened and rugous, and the mucous membrane of a grayish color. The openings of the ureters were not increased in size, and were in the floor of the bladder. In the posterior inferior wall of the bladder an opening was found leading into a sinus which terminated in a large abscess occupying the situation of the prostate gland, and containing about two ounces of pus. This abscess did not communicate with the urethra except through the prostatic openings, or with the bladder by any other opening than the one described, but a small fistulous canal could be traced to the perineal junction of the scrotum where it terminated in a very minute opening, through which a small amount of pus could be made to exude by pressing upon the abscess. The muscular tissue of the prostate remaining was very much hypertrophied and resembled somewhat the musculi pectinati of the heart. The urethra was split up and a narrowing, admitting a No 4, (English) sound, about one-fourth of an inch in length, was found in the lower part of the spongy urethra. The rest of the urethra appeared normal.

Case II.—B. M——, colored, male, aged 60 years, was brought to the City Hospital, April 20, 1883, in a comatose condition and died two hours after admission. No previous history could be obtained.

The hypogastric iliac and pubic regions, as well as the perineum and scrotum were boggy from infiltrated pus, the result of an extensive cellulitis. There had evidently been infiltration of urine to which

the cellulitis was due. Three fistulous openings were found in the penis between two and three inches from the glans.

At the autopsy made 18 hours after death the thoracic organs were found normal, the heart being of the usual size and the left ventricle *not* hypertrophied. The liver, spleen, intestines and peritoneum were perfectly normal.

The kidneys, ureters, bladder and penis were removed *en masse* and examined. The capsule of the kidneys was firmly adherent and removed with considerable difficulty. The kidneys were slightly larger than normal. On cutting them open the pelves and infundibula were found full of pus, which also permeated the organs in all directions, constituting abscesses of greater or less size. The cortical substance had disappeared in consequence of interstitial inflammation, and its place was filled by masses of organised lymph, which was also aggregated in masses throughout the medullary portion of the organ.

The ureters were dilated to four times their normal calibre, and filled with pus. Their walls were also thickened as a result of inflammation.

The bladder was small, its walls thick and rugous, with evidences of inflammation. It was also filled with pus. In the anterior wall was an opening connecting with purulent reservoirs in the inflamed connective tissue of the pubic, scrotal and perineal regions. The prostate gland was enlarged, and the right lobe occupied by an abscess, communicating with the urethra through the prostatic openings, through which the pus could be made to escape by pressure.

The urethra in its anterior 2½ inches was contracted to the degree that only the smallest filiform bougie could be passed through. The urethral walls as far as the contracted portion extended were very much thickened and indurated. Behind the stricture there were three fistulæ of small size leading outward, and the urethra was much dilated.

These two cases illustrate the different pathological conditions that may result in the kidneys in consequence of a similar primary cause, i. e., obstruction to the outflow of urine. In the first case there had been inflammation of the urethra and bladder, but stopping at the mouths of the ureters. Beyond, or above this point there was merely backing up of the urine with its results, dilatation of ureters, hydronephrosis and absorbtion of kidney substance in consequence of pressure. In the second case we had inflammation extending to and involving the kidneys with inflammatory and suppurative destruction of these organs, due ultimately to the same conditions which had pro-

duced the totally different changes in the first case. So far as the symptoms were concerned, both cases—in the absence of any heart complication—would have been diagnosticated as examples of that rather indefinite pathological condition known to surgeons by the vague term "surgical kidney."

The term "surgical kidney" is an unsatisfactory one because it expresses nothing definite as regards the pathological conditions present, but I am not able to suggest one that is free from this objection.

SOCIETY PROCEEDINGS.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

The Medical and Chirurgical Faculty of this state, met in Annual Convention for the eighty-fifth time on Tuesday, April 24th. The sessions were held in Hopkins Hall. Dr. Wm. M. Kemp presided at the sessions with fairness and good humor. His annual address was devoted to a review of the history of Medicine.

The treasurer, Dr. J. Gilman, reported a balance of $538.00 in the treasury.

After reports from the executive committee and the examining boards, the report of the library committee was read by the chairman, Dr. I. E. Atkinson. The library now contains 3,346 volumes—an increase of 277 during the year. A complete set of the publications of the New Sydenham Society and of Ziemssen's Cyclopedia are among the more valuable additions. The committee asked and obtained authority to exchange certain volumes in the library for other works in the National Medical Library.

The Section on Surgery reported through the chairman, Dr. O. J. Coskery, giving a review of recent progress in abdominal surgery. The report was limited to a discussion of gastrostomy, splenectomy, and nephrectomy. Dr. R. H. Thomas from the section on Practice of Medicine, read a "contribution on the influence of season and weather on the diphtheria death-rate in Baltimore." The paper gave evidence of faithful investigation, but no very definite conclusions were reached. The subject deserves further research. In this connexion

the very valuable paper read by Dr. H. B. Baker at the meeting of the American Public Health Association in 1880 deserves most careful study.

The Section on Materia Medica and Therapeutics reported through Dr. T. Barton Brune, on urinary chemistry. Garrod's Lumleian lectures on uric acid were given in abstract, and reference made to the prussic acid test for albumen and sugar, introduced by Dr. Geo. Johnson, of London.

Dr. Jno. S. Lynch from the same section read a paper on the "antipyretic effects of carbolic acid, and on the astringent influence of rubus procumbens in diarrhœa and dysentery." For the former agent he claimed remarkable effects as an antipyretic, giving it in five-grain doses every two or three hours combined with tincture of aconite. He has used it with exceptionally good effect in typhoid and septicemic fevers.

The section on Sanitary Science presented a report through the chairman, Dr. J. Robt. Ward, the president of the state board of health. The report was a plea for elementary instruction in hygiene in schools.

Dr. A. Friedenwald, from the section on Ophthalmology, Otology and Laryngology, read an elaborate paper on the relationship of spinal diseases to eye diseases. In a supplementary report from this section, Dr. H. C. McSherry reported several cases of stenosis of the larynx treated by slow dilatation.

The report of the section on Obstetrics and Gynecology was made by Dr. W. T. Howard, who advocated highly Tarnier's forceps.

Dr. Richard Gundry read a paper on the prognosis of insanity being the report of the section on Psychology.

Dr. John S. Billings, Surgeon U. S. A., and Librarian of the National Medical Library, delivered the annual oration on Medical Bibliography. The subject is one which no one living was probably as capable of treating in so thoroughly satisfactory a manner as the orator. The address was full of the dry humor that is characteristic of all Dr. Billings' later work and which, with his clear presentation of his subject, gained for him such universal applause at the International Medical Congress in 1881.

Among the volunteer papers were some of unusual value. The experimental demonstration of the "direct action of alcohol upon

the heart," by Prof. H. Newell Martin and Dr. Lewis T. Stevens of Johns Hopkins' University, was another of those valuable original studies that members of our great University have annually contributed to the Faculty's transactions during the last four years. Dr. Chas. W. Chancellor read a paper on the sewerage of cities, with especial reference to Liernur's pneumatic system, which was well received. Dr. J. D. Arnold contributed a record of cases of laryngeal paralysis. Dr. J. W. Chambers read a clinical paper on subcutaneous nerve stretching as a means of treatment for sciatic neuralgia, reporting details of seven cases of which six were cured by the operation. A case of dexiocardia was exhibited by Dr. S. C. Chew and a patient upon whom the operation for removal of a large portion of the right superior maxillary bone had been performed was shown by Dr. L. McLane Tiffany, who explained the operation.

A paper on hypnotism was read by Dr. G. H. Boyland.

Dr. St. George W. Teackle reported certain facts relating to the cases of spontaneous cowpox in Baltimore County, and showed a heifer which had been inoculated with the virus obtained from the above cases. Considerable discussion followed, resulting in the appointment of a committee to investigate the subject, and report to the Faculty at a future meeting.

A lengthy and elaborate paper on naso-aural catarrh and its rational treatment was read by Dr. John N. Mackenzie, who exhibited a new form of curette forceps, for use in removing the hypertrophied mucous membrane which is one of the pathological manifestations of the disease.

Dr. P. C. Williams read a report of three cases of malarial fever occuring in puerperal women, promptly cured by large doses of quinine.

The Committee on the Directory for Nurses, reported through Dr. T. Barton Brune, chairman. The manifold advantages of the directory were set forth by Dr. Brune, and the hope expressed that physicians would more generally avail themselves of its services in the future.

The Faculty "reaffirmed" its allegiance to the code of ethics of the American Medical Association.

A committee was appointed on motion of Dr. Gundry to represent to the General Assembly, the need of an institution for the care and education of feeble-minded children.

The Publication Committee reported that Dr. John R. Quinan had placed in its hands the completed manuscript of his history of Medicine and Medical Men in Maryland, with a full bibliographical index of the contributions of the latter to medical literature. The work was ordered published, and 200 copies of the same were directed to be presented to the author.

The following officers were elected for the current year:

President, Dr. Richard McSherry,
Vice Presidents, Drs. W. S. Forwood and John S. Lynch.
Recording Secretary, Dr. G. Lane Taneyhill.
Assistant Secretary, Dr. R. T. Wilson.
Corresponding Secretary, Dr. W. F. A. Kemp.
Reporting Secretary, Dr. R. H. Thomas.
Treasurer, Dr. Judson Gilman.

The Convention then, after a vote of thanks to the retiring President, and to the trustees of Johns Hopkins' University for the use of Hopkins Hall, adjourned.

MEDICAL SOCIETY OF PENNSYLVANIA.

(Reported for THE MEDICAL CHRONICLE)

The thirty-fourth annual meeting of the State Medical Society of Pennsylvania was held at Norristown, May 9-11, the President, Dr. Wm. Varian of Titusville, in the chair.

The address of welcome was delivered by Dr. Hiram Corson of Norristown.

Dr. O. H. Allis of Philadelphia submitted a report on a schedule of subjects for the preliminary examination of medical students.

A resolution endorsing the code of ethics of the American Medical Association, and declaring "that organized opposition by a local society and by individuals to the code approved by the medical profession of the United States, is rebellion against the constituted authorities, and should be so treated," was adopted.

Dr. Wm. M. Welch of Philadelphia read a valuable paper on the wearing out of vaccine protection and the efficacy of revaccina-

tion. According to Dr. Welch, 54 per cent. of the admissions to the Philadelphia small-pox hospital during the recent epidemic had been previously vaccinated. In 1871-2 the proportion of vaccinated persons admitted to the hospital for small-pox was 68 per cent. He showed also that the diminution of vaccine protection is progressive, increasing up to a certain period of time from the primary vaccination. Thorough vaccination and revaccination are insisted upon by the author.

The address in Medicine was delivered by Dr. James Tyson, of Philadelphia, upon malarial hematuria. Dr. Dé F. Willard read a paper on club-foot, in which he gave abundant reasons why the treatment should be begun very early in life. To wait until the child should be old enough for operation was simply to increase the chances of permanent deformity.

The annual address of the President advocated the establishment of of a state board of health, cremation, reform of inebriates, humanized vaccine instead of the bovine product, the addition of state medicine and hygiene to the regular curriculum in medical colleges, greater promptness in publishing the transactions of the society, reform in medical education, and sanitary legislation. In passing, the course of the New York state society was strongly condemned and compared to the secession of the southern states which gave rise to the civil war.

The address in surgery was read by Dr. A. Craig of Columbia, that on obstetrics by Dr. G. O. Moody of Titusville, that on hygiene by Dr. Henry Leffman of Philadelphia, and that on mental disorders by Dr. John Curwen of Harrisburg.

Dr. S. W. Gross read a paper on carcinoma of the breast, and advocated its thorough removal. Several patients were exhibited upon whom the speaker had operated. Out of fifteen cases operated seven were perfectly cured.

Dr. Wm. Pepper read a paper on typhlitis and perityphlitis. Absolute rest and restricted diet were recommended as the most appropriate treatment. If an abscess forms, the pus must be evacuated.

A paper on the treatment of purulent pleural effusions was read by Dr. James C. Wilson of Philadelphia. In children, aspiration of the pus sometimes results in a cure, but in adults a thoracic fistula should be established as soon as the diagnosis is certain.

The medical service of insane hospitals was considered in a paper

by Dr. Chas. K. Mills of Philadelphia, and a paper on our asylums and our insane was read by Dr. S. W. Ayres of Pittsburg.

Dr. R. J. Levis of Philadelphia suggested a number of ingenious and practical surgical expedients in emergencies, which were well received.

The treatment of rodent ulcer was considered by Dr. Joseph W. Hearn of Philadelphia, and Dr. John V. Shoemaker of the same city, read a practical paper on the care of the hair.

Dr. Henry H. Smith was elected President for the current year, and Philadelphia selected as the place of meeting in 1884.

CURRENT LITERATURE.

REPORT OF THE MICHIGAN STATE BOARD OF HEALTH FOR 1882. Lansing, Mich., 1883. 8vo, cloth. Pp. xxxviii, 592.

This bulky volume contains, besides the annual report of the Secretary, Dr. Hy. B. Baker, fifty-seven papers, reports and addresses on subjects of sanitary interest and importance. This board, in our opinion, fulfills in the most thorough manner the requirements of a state health organization. By correspondence with its numerous sources of information, the local health boards and physicians in all parts of the state, the secretary's office is kept constantly informed of the sanitary condition of the state, and enabled to take proper precautions in case of actual or threatened epidemics. In the secretary's office all these local reports are carefully tabulated, and just conclusions drawn from them.

The most valuable work of the board, however, consists in furnishing sanitary information to the public at large. By means of an original system of sanitary conventions held annually in different sections of the state, the board and its work are brought into intimate contact with the people, and in consequence of this, it is safe to say, that in no other state is a knowledge of the principles and practice of preventive medicine so popularly diffused or so thoroughly appreciated as in Michigan. Would that other states might follow this good example!

Registration Report of Rhode Island, 1881. Much has been written for several years past of the great increase of divorce in New England. The above report shows that during 1881 the proportion of divorces granted to the total number of marriages was nearly ten per cent., while the number of applications for divorce was a little over one in eight marriages. Dr. Fisher, the secretary of the state board of health and registrar of vital statistics shows that in the last twelve years the proportion of divorces granted has increased from 1 in 13.5 marriages, to 1 in 10.4.

Consumption in Rhode Island. By C. H. Fisher, M. D. Extract from 29th registration report. Pp. 11.

The Clinical Diagnosis of Chronic Enlargements of the Testicle. By J. Edwin Michael, M. D., Prof. of Anatomy and Clinical Surgery, Univ. of Maryland. Reprint from *Maryland Medical Journal*, March 1, 1883. Pp. 13.

Rectal Palpation and Inspection as Means of Diagnosis. By Philip S. Wales, M. D., Surgeon General, U. S. Navy. Reprint from *Proc. Naval Med. Society*. Pp. 44.

EDITORIAL.

THE PROMISES AND PERFORMANCE OF A *CHRISTIAN* MEDICAL COLLEGE.

In 1881, an institution, promising much in its prospectus, was established in this city under the title of "the Baltimore Medical College." It promised to institute many reforms in medical education, the most striking of which was that all of its professors were bound by its charter to be "professors" of the Christian religion. How far this provision of the charter has been fulfilled by the occupants of the several chairs we are not able to say, although there are strong suspicions that it has been evaded in several instances. The prospectus promised preliminary examinations; one of the first graduates cannot write correctly the name of the street upon which he lives. A seven month's course of lectures was promised; and a five month's course given the first year. Students were promised facilities equal to those offered by other colleges; after two years there is no hospital in sight, and the

dispensary service has been an unblushing sham. The professor of therapeutics is a retired minister and probably teaches the effects and uses of remedies by the reflected light of theology, which as St. Thomas said is "the queen of all sciences." The professor of physiology is likewise—although a graduate of medicine—in active service as a minister in the methodist church. The professor of obstetrics and the diseases of women and children is ——but we are not writing a biographical dictionary, and do not care to extend the catalogue of broken promises.

In the January number of THE CHRONICLE, appeared a very brief paragraph of unfavorable comment upon this model (?) institution. Some time afterward we were threatened with a libel suit unless we would withdraw the objectionable expressions. This, of course, we declined to do, and declared our readiness to meet the Baltimore Medical College in court. Three months ago members of this concern spread the report that we had been or would soon be proceeded against, and $10,000.00 damages claimed; but we have not yet received any official notification of any such proceedings.

Recent developments have again drawn attention to this institution of small repute, for such it is, viewed from a medical standpoint. It appears that of the original incorporators of the faculty only two remain, who, with two members recently elected, constitute the governing body of the institution. All the others have resigned after apparently becoming convinced of the disproportion between the promises of the concern and its performance.

A single act of the faculty, or of some member of it, is sufficient to stamp its proceedings as discreditable. A distinguished and honored member of the profession, was announced as a member of the "Board of Visitors" of the concern. This, it has been stated, was entirely without the authority of the gentleman referred to. Surely there can be no need of enlarging upon the ethical bearing of such action on the part of an institution having as a part of its organic law the professed belief of its organizers in the great truths of the Christian religion. Is there not one of the ten commandments, which, being condensed into modern English reads: "Thou shalt not lie?"

We here take leave of the Baltimore Medical College. It is moribund and will probably soon die the death it deserves. It already shows signs of decomposition and is malodorous in the nostrils of the reputable members of the profession.

THE CODE CONTROVERSY.

The fight over the code of ethics waxes hotter and hotter, as the time of meeting of the American Medical Association approaches. At every state society meeting during the spring, resolutions of loyalty to the code have been passed, and the recalcitrant members of the New York state society unanimously censured in presidential addresses.

It seems to us that an unnecessary amount of denunciation of the so-called rebellion in New York has been indulged in by supporters of the code, who have, with singular unanimity left out of view the true merits of the question. We can hardly believe that the thinking members of the profession outside of New York regard the code as so perfect an instrument that no amendment of it is possible. There is, however, very little probability of action looking to any modification of the code in the present state of professional opinion. We can only regret this, as it tends daily to widen the breach between the profession in New York and the rest of the country. The fight as it is conducted now is hardly a dignified one. There is too much suggestion of the political ward meeting in the way in which the discussion is carried on, and resolutions passed. The spirit which causes the severance of old friendships, the bitterness of partisan strife, the accusations of dishonesty in intent and practice, the threats of "boycotting," all are foreign to the true spirit of the profession and should be banished at once. Cannot the old wiser heads in the profession, those to whom we have all listened and heeded in the past, counsel calmness in this juncture and restore harmony to the profession throughout the country?

THE JOHNS HOPKINS HOSPITAL AND UNIVERSITY.

Mr. John W. Garrett has had printed for private distribution, his address before the Young Men's Christian Association last January, in which he so boldly arraigned the trustees of the Johns Hopkins Hospital and University for their failure to carry out the definite instructions of the founder of these two great benefactions. Whether the University buildings are located in the city or at Clifton where it seems Mr. Hopkins clearly intended at one time they should be, is a matter

of less concern to us than the answer to the question: When will the Johns Hopkins Hospital be ready for the reception of patients?

At the rate at which the work is now progressing the hospital will not be opened before 1889. A portion of the building can be ready for patients by the coming autumn, but a majority of the board of trustees seem to be opposed to begin active hospital work until the entire structure is completed. We believe this to be a mistake, for experience may show that modifications should be made in the plans of the hospital, which could be done much easier before the entire buildings are completed than afterward. Aside from this however, there is crying need in Baltimore for hospital facilities now, and it seems to us that an effort should be made to render the hospital so far as the buildings are erected, available for its intended purpose. After the expenditure of a million and a quarter dollars and several years of labor, the hope that active work may soon be begun in the wards does not appear so very unreasonable. On the part of the profession we therefore appeal to the trustees of the hospital to give to the city at an early day a portion at least of the extensive benefaction which they control, in order that the benevolent intentions of Johns Hopkins may be soon realized.

MARYLAND STATE BOARD OF HEALTH.

At the last quarterly meeting of the state board of health of Maryland a resolution was adopted to hold sanitary conventions in various parts of the state. At these conventions papers are to be read and matters pertaining to personal and public hygiene discussed, not only by members of the board or physicians, but also by laymen who have paid attention to sanitary matters. We are glad to learn that our state board has decided to come in more direct contact with the public and in this manner diffuse a better knowledge of the requirements of hygiene than can be done in any other way. Heretofore the board has done very little to give it standing, either in the profession or in the community. It is to be hoped that this new departure will be properly appreciated by the public, and that before many years have passed its work may compare favorably with that of the Michigan, Illinois, Connecticut or New Jersey state boards. The first convention is to be held in Baltimore on the fourth tuesday in October.

FLOTSAM.

Dr. J. Dickson Bruns, a prominent physician of New Orleans, is dead.

Dr. S. C. Chew, in stepping out of his carriage a few days ago, fell and fractured his arm.

Dr. Hugo Erichsen of Detroit, has been elected Professor of diseases of the mind and nervous system, in the Quincy (Ill) School of Medicine.

At the last quarterly meeting of the Illinois State board of health it was decided not to recognize diplomas of the United States Medical College in future. Eighteen candidates presented themselves for examination of whom none attained the required minimum of correct answers. The schedule of questions published does not seem exceptionally difficult to answer, although calculated to be a fair test of the candidate's acquirements.

The Sanitary Council of the Mississippi Valley held its fifth annual meeting at Jackson, Miss, on April 3 and 4. It was decided to establish inspection stations at various points on the Mississippi river, the expenses to be defrayed by the various states represented in the Council. A memorial to the President was also adopted, asking that the Epidemic fund appropriated by Congress be expended under the direction of the National Board of Health.

The Epidemic fund of $100.000 appropriated by Congress, will be again expended under the direction of the Marine Hospital Service. Our secular contemporaries are in error when they state that the existence of the National Board of Health expires at the end of the present fiscal year. The board will still live, and it is hoped that the new Congress will take a more enlightened view of the necessities of the country and restore the board to its former power.

The *Proceedings of the Naval Medical Society*, Vol. I, No. 1, comes to us in a neat pamphlet from Washington. The number before us contains papers on the "Line of Duty," a subject of great interest and importance to members of the naval or military services, and to examining surgeons for the Pension Office. The officers of the Naval Medical Society are Dr. Albert L. Gihon, President; Dr. John M. Brown, Vice-President; Dr. James M. Flint, Secretary, and Drs. T. J. Turner, A. A. Hoehling and F. H. Streets, Business Committee.

In his presidential addresss before the New York Academy of Medicine, Dr. Fordyce Barker gives the following statistics of medico-literary activity in the metropolis:—

"The number of medical works by New York authors in the fifty years from 1800 to 1850 was 109. In the ten years from 1850 to 1860 New York writers published 65 medical works. From 1860 to 1870 the number was 69 and from, 1870 to 1880 the number is 102, the whole number in the last thirty years being 236. To this it should be added that New York writers have also, in this period of thirty years contributed, according to the most accurate estimates that I can obtain at least 25,000 pages to the periodical medical literature of the country."

THE

MEDICAL CHRONICLE.

BALTIMORE, JULY, 1883.

ORIGINAL ARTICLES.

ARTICLE I.

HYDROPS CHORII.—PRESENTATION OF TWO BAGS OF WATERS.*

By JOHN MORRIS, M. D. BALTIMORE.

During a midwifery practice of more than thirty-seven years I supposed that I had met with every complication that could embarrass the progress of labour, but a recent experience has taught me that the longer we live and practice medicine the more we will learn and the more we will meet with to cause us anxiety and concern in the fulfillment of our many duties. Of course there is actually nothing new in the world, but there is much that is not taught by teachers or not to be found in text books, which, when it arises, appears to be new, and such I believe, to be the case I am about to describe.

On the night of April 27th, 1883, I was called to attend Mrs. M—— in her fourth labour. Her former labours were not characterized by any untoward event. I found the abdomen of Mrs. M——enormously distended, so much so that I prepared her to expect the birth of twins, and questioned her concerning her previous symptoms. There was not, nor had there been, any œdema of the feet, legs or face. Mrs. M——'s pains were irregular and ineffectual and partook

*Read before the Clinical Society of Maryland May, 18, 1883.

neither of the character of those found in the first or second stage of labour. On making an examination, I discovered the vagina filled with the membranes, or, at least, what I supposed to be the membranes, largely distended with fluid. Taking care not to rupture them, I passed my finger as high as I could to ascertain the presentation, but I could reach no presenting point. I thought it was a case of breech or cross presentation. After making several ineffectual efforts to determine the position, I ruptured the membranes; a large quantity of fluid escaped at first, and a copious flow continued during the whole course of the labour. The discharge was so profuse that it saturated the bed and even extended up under the back of the woman, necessitating the use of cloths to absorb it. After rupturing the membranes I still could not reach any presenting point with the finger. A small tumour began to form in the vagina, which gradually increased in size during each pain. At this point I supposed that I had to deal with an acephalic or hydrocephalic child, and that the presenting tumour was the scalp distended by the intracranial fluid. I determined, however, to bring the tumour cautiously down to the external parts, which I did by expression, the pains being very ineffectual. I finally succeeded in getting it through the ostium vagina, when, with the assistance of the nurse, who held a light, I gave it a careful examination. It proved to be a shining blue cyst without hair, and entirely unlike the scalp. Finding that it was not an acephalic child, I decided to ascertain the nature of the presentation. Pushing the tumour back into the vagina, I cautiously passed my hand above it, where much to my satisfaction, I discovered the head of the child presenting normally above the brim of the pelvis. From an examination of the fontanelles I found that the tumour was not due to hydrocephalus. It had gradually increased in size during my extrusive efforts, filling up the vagina and appearing to end in a pedicle just over the forehead of the child. Taking care not to injure the tumour, I pressed steadily on the abdomen and pushed the child down into the cavity of the pelvis, until finally it presented at the vulva, the tumour in advance, which, at this stage, was completely out of the vagina and resting on the bed. Just as the head emerged from under the pubis, much to my surprise, this tumour, which I had so carefully watched, suddenly burst, pouring its contents over the bed and leaving but a *wrack* behind. This *wrack* consisted of a beautiful caul which covered the whole face of the child, and which I removed with the greatest care, so that it might

be preserved among the archives of the family. I dealt cautiously with this presenting mass for the reason that cystic tumours are sometimes attached to the cranium. There is a preparation in the London Hospital Museum where a tumour half the size of the child's head is attached to the vertex. My great solicitude concerning this tumour may appear somewhat amusing in the light of after events.

The condition of things in this labour, that is the existence of two distinct and separate bags of waters, is somewhat anomalous, and rarely met with, if we may judge by the absence of all reference to it in our obstetrical literature. It does, however, occasionally occur, as I have ascertained by inquiries among the older obstetricians of the city. Dr. Kemp, Sr., tells me he has met with two or three cases in a practice of fifty years. His first case was the exact counterpart of my own, and he was as greatly embarrassed as I was and proceeded with equal caution. Dr. Chatard, Sr., and Dr. Miltenberger, who have delivered many thousands of women, have not met with a single case, and Dr. Monmonier, Sr., who has practiced for nearly half a century, has had a similar experience.

Watery discharges from the vagina during pregnancy are not infrequent, and a word in regard to them may not be out of place at this time, particularly as relating to the case I have just described.

It is not an unusual thing for pregnant women several weeks before term to suffer from a profuse colorless watery discharge like the amniotic fluid. The terms hydrorrhœa and metrorrhœa have been employed to designate this trouble, but I do not think they rightly express the true state of things. The quantity of fluid discharged in these cases varies from two or three ounces to several pints daily. Dr. Montgomery, (Dublin Hospital Gazette, January 15th, 1857,) reports a case in which labour was postponed sixty-eight days after the membranes had been ruptured. At full term a large bag of waters presented after the delivery of the placenta, which was taken away very carefully; it was floated with the membranes in clear water, and about half an inch from the edge of the placenta a small opening of about an eighth of an inch in diameter was discovered, the edges of which looked as clean-cut as if it had been made with a fine punch; this opening explained the source of the discharge. In this instance the daily flow amounted on an average to about five ounces and lasted for sixty-eight days, so that the discharge must have amounted to three hundred and forty ounces or twenty-one pints.

I have been frequently called to cases of this character, but in none of them was the discharge so profuse. Their usual history is as follows: about the eighth month of pregnancy the medical man is called in and is told that the waters have suddenly broken. Pain, however, is absent and labour does not follow, and the flow continues for two or three days, or it may come on at intervals until the end of the ninth month. The flow generally ceases when the woman is lying down. This discharge is believed to be due to lateral laceration of the membranes and very often it is said the aperture closes up and the bag of waters presents at the full term, as in Dr. Montgomery's case. Dr. Mathews Duncan, however, contends that the healing up of the torn membranes is not rational, and contrary to all experience. He mentions among the conditions which may be mistaken for a premature evacuation of liquor amnii discharges of urine, watery discharges, such as are sometimes observed in virgins and whose source may be Cowper's gland or the cervix uteri, discharges from the uterus of a fluid occupying the anatomical position of hydroperionic fluid, discharges of liquor chorii, discharge of the liquor amnii, of one ovum, discharge of the fluid in a cyst described as occurring between the chorion and the amnion; but if Dr. Mathews Duncan be correct in stating that the partial and repeated discharges of liquor amnii by a high position of the rent in the membranes and a kind of valvular action closing it up is chimerical, why does not labour come on as it does when the liquor amnii is evacuated intentionally to induce premature labour? Dr. Barnes believes that hydrorrhœa results from a hypertrophied condition of the glands of the uterine mucous membrane. He does not believe in the rupture of the membrane and the rent closing over and healing. He thinks the reason why labour does not so readily come on under provocation before the natural term of gestation is because the nervous centres have not yet attained that remarkable degree of irritability which characterizes them at full term. There is a less ready response to excito-motory stimulus. Of course this is mere speculation and in my judgment not borne out by actual experience. There is no doubt that the escaping fluid in these cases is the liquor amnii and not due to a hydrorrhœa. Some authorities ascribe it to an evacuation of fluid which is collected between the amnion and the chorion or between the chorion and the decidua. There is in the early months of pregnancy a separation between these membranes which is filled up with a gelatinous or limpid fluid which is said to remain sometimes until the sixth or seventh month

of pregnancy, but the space has been deemed too small to allow of the collection of so large a quantity. Dr. David Davis is the only authority that I can find who mentions the chorion as a secreting surface. He thinks that the dribbling of the waters during pregnancy is due to a dropsical chorion; the chorion taking upon itself to secrete a fluid like the amnion. He considers this a dangerous and oftentimes fatal affection in the pregnant state. Whilst Dr. Davis is wrong in supposing that the dribbling which usually takes place is due to the chorion, he is right in believing that the chorion is at times a secreting surface like the amnion as the result in my case incontestably proves. The presentation of two bags of waters, particularly the preservation of the bag containing the amniotic fluid until after the expulsion of the child, settles a point, I think, which has long been disputed by medical writers. Dr. Harvey of Dublin, considering these cases, argues that it is impossible for this fluid to fill up the space between the two membranes. Monsieur Chassinat has written an elaborate essay on the subject founded upon forty-two cases which he collected. He contends that it is a metrorrhœa and that the liquour is secreted between the internal surface of the uterus and the envelopes of the fœtus and that its character suffices to distinguish it from the waters of the amnion. He thinks, too, that it is caused by an abnormal secretion or a general polyæmia. The great majority of writers, however, believe the discharge to be amniotic in character. Dr. Davis, as I have said before, is the only one who holds that the chorion is liable to take on secretory action. The organic alterations of this membrane, especially a vesicular or hydatiform form of disease, are not uncommon and are mentioned by all authorities, but a normal, healthy secretory action of the chorion going on throughout the whole term of pregnancy is a condition, I believe, heretofore undescribed. I, therefore, think that this paper may prove a new contribution on the subject.

The exact character of the chorion has not yet been accurately defined, though much has been written about it by physiologists. Velpeau says it cannot be referred either to the derm, the muscles, aponeurosis, nor peritoneum. He says, however, it is difficult to call in question its cellular nature or to deny its analogy with the serous membranes. He argues, however, that it does not contain nerves nor lymphatics, sanguineous, exhalent or inhalent vessels. Like the amnion it is tough and somewhat unyielding, but becomes weaker than the latter membranes at the termination of pregnancy; at an early

stage it is equally strong in all its parts, but in the end it is stronger near the placenta. Occasionally it is found very thin and is easily ruptured in the course of labour. As a rule the sound may be passed behind the membranes without disturbing their integrity, as is frequently done in the induction of premature delivery.

This may seem a simple matter to bring before the society, but if the history of this case serves the purpose of saving some future pilgrim the worry I experienced, my task will not have been in vain.

ARTICLE II.

A CASE OF STRAMONIUM POISONING.

By CHARLES F. BEVAN, M. D.,
Professor Anatomy and Genito-Urinary Surgery, College of Physicians and Surgeons, Balto. Md.

Cases of poisoning by the Jamestown weed, *Datura Stramonium*, are of much greater frequency in the rural districts than in the city. Children gather and eat the seed of the plant innocently; whilst the leaves owing to their acrid and nauseating taste are rarely consumed in quantities sufficient to induce the toxic effects of the weed.

The following case occurring in the city, possesses peculiar interest from its rarity, and well marked features.

Case. H. S. M———, a lad about twelve years of age, procured from a druggist a package of Jamestown weed containing about one ounce of the crushed leaves. He chewed and swallowed about three-fourths of the entire package. He was observed to be dull, rather stupid and apparently tired out on reaching his home at 7 P. M., soon after which he dropped asleep in a chair.

When seen by me an hour or more later, he was extremely drowsy; his circulation was accelerated, pulse 125, some increase in temperature of the surface which was uniformly of a bright red color from head to foot; his axillary temp. was 101° F. The lips, tongue, and and fauces were very drv, and each act of swallowing was performed with great difficulty. The constriction and spasm of the muscles of deglutition were strongly suggestive of hydrophobia. The pupils, widely dilated, were not in the slightest degree sensitive to a bright light, while

in color all objects were called green; both the amount and accuracy of vision were defective. He seemed to have illusions of hearing, and other cerebral disturbances, all of a pleasing character, however, if one could so infer from his gestures and boisterous laughter. Such power of speech as remained was bad, very incoherent and unintelligible. He did not seem to understand what was asked him, or else would forget before he could frame an answer.

The general sensibility was greatly blunted; only after repeated slaps and much pinching would he take any notice of the irritation. All muscular movements, with face, hands, limbs, or feet were irregular and choreic in character. When in the recumbent posture the arms were thrown around wildly, whilst in walking only one or two steps could be taken without falling, and those would be made after the manner of one under the influence of alcohol. Subsultus tendinum was well marked whenever he was allowed to be quiet for three or four minutes. The urine was of high color, without blood, and was passed frequently.

The treatment adopted was to evacuate the stomach promptly; the emetic forced down his throat, brought up a large amount of the weed. A stomach pump was then used and the organ was thoroughly washed out. Bi-carb. soda was given freely, and during the course of two hours 3¼ grs. of sulph. morphia were given hypodermically, producing only a slightly perceptible diminution in the widely dilated pupils. He was walked to prevent sleep for about four hours, and was only allowed to rest when partial consciousness had been restored, and the bright redness of the skin had disappeared. The following day he had not the slightest recollection of what had occurred; the pupils regained their sensitiveness slowly and it was over one week before they became normal.

With the beginning of the new volume of the Chronicle in August, a number of improvements will be made, and the amount of reading matter given every month, considerably increased. We hope our present subscribers are pleased with the character of the journal, and will continue their encouragement in a substantial manner.

ARTICLE III.

TINCTURE OF BELLADONNA TO RELIEVE ITCHING.

By B. F. BELL, M. D., TYLER, TEXAS.

I have had a great deal of trouble with patients who were suffering from skin affections, accompanied by severe itching. In the tincture of belladonna I have found a remedy that has been so useful to me that I have concluded to make public my limited experience with it. I will give one case of each affection in which I have used it.

CASE I.—Mrs. B——, aged 45, applied to me June 18th, 1882, saying, "Doctor, I've got the the shingles, I want you to give me something to stop it from itching."

On examination I found at the insertion of the deltoid, on the anterior and internal surfaces of the left arm several patches of herpetic vesicles about the size of a quarter of a dollar. On the left side at the seventh intercostal space, an inch posterior to the axillary line, extending upwards and forwards to the lower border of the pectoralis major, thence to the left nipple, thence to the seventh intercostal space, thence to the point of beginning; defines the space on the side that I found thickly studded with herpetic vesicles. As there is no remedy, so far as my knowledge goes, recommended for the *certain* relief of this troublesome symptom, except opium in some form, given until its anodyne effect is produced, and believing that the constitutional effects of this drug would do more harm than the relief of the itching would do good in this case, I thought I would try tincture of belladonna as a topical remedy. I saw the patient a few days afterward, and she informed me that it gave her entire relief. After the application the itching gradually grew less severe, and at the end of an hour had entirely ceased. The relief given generally lasted from five to eight hours. When applied on going to bed she was not troubled until sometime after rising the next morning. After she began to use the belladonna no other vesicles formed, and those present rapidly disappeared.

CASE II.—Mr. G——, aged 38, consulted me July 18th, 1882. On examination I found the greater part of the dorsum of the right foot, between all the toes, under surface of great toe, inner and outer ankle, the seat of vesicular eczema. The left foot was slightly affected, but not enough to prevent the shoe from being worn, as was the case with

the right. He said, just after going to bed the itching was intolerable. I prescribed ung. hydrarg. ammoniata. and tincture belladonna; directing the tincture to be applied before the ointment, and told him the tincture was to relieve the itching. He used it as directed and was relieved of all itching. Made rapid recovery and since that time has prevented any return, by appying the ointment and tincture sometimes together, sometimes one, or the other alone, as soon as he would notice the formation of a red spot accompanied by itching. I will here mention that this case was caused by alum water being applied to the feet to prevent profuse sweating, and had lasted six years without being at any time entirely relieved except in winter.

I have used tincture of belladonna in one case of impetiginous eruption confined to the right arm. In one case of urticaria of the hands and wrists, with the result of relief in each case.

In all, I have used it in five *light* cases of herpes zoster with the desired result. In severe cases of this affection where we have *severe pain* and not *itching*, I think this remedy would be of but little, if any, benefit.

I have used it in about twenty cases of eczema, of various forms and degrees, and in each case relieved the itching. In some cases I have used large quantities of it, applying it very frequently; always being governed by the effect produced and not the quantity used.

Bartholow (Materia Medica and Therapeutics, page 316) says in speaking of the treatment of inflamed breasts: "The mode of action of the belladonna preparations is quite obvious; the irritability of the terminal filaments of the nerves is allayed by the direct action of the atropia, and the arterioles are made to contract, thus diminishing the blood-supply to the inflamed tissue."

I looked upon the itching in Mrs. B ——'s case as due to irritation of the nerve-endings, and as I remembered the idea of the above quotation from Bartholow, I thought belladonna would be the remedy. I think it is curative in these affections in two ways. 1st. By relieving irritation it prevents the scratching and rubbing of the parts, and the consequent increased blood-supply.

2nd. By contraction of the arterioles it lessens blood-supply, and effusion.

ARTICLE IV.

MASSAGE.

By HUGO ERICHSEN, M. D.

Professor of Neurology in the Quincy School of Medicine, Medical Department of Chaddock College; Licentiate of the Royal College of Physicians and Surgeons of Kingston, Canada; Member of the Detroit Medical and Library Association, Etc.

How true is the saying, that nothing is new under the sun! Massage is as old as the science of medicine itself, and was known to the ancient inhabitants of China, as is shown by an old Chinese manuscript entitled "Kong Tau" and written 3000 years before Christ. Among the ancient Greeks and Romans, it was employed to give strength and ductility to the limbs after active exercise in gymnastic sports. Later on, it became a remedy of the people and a potent measure in the hands of quacks and charlatans, who performed miraculous cures with it to the shame of the medical profession, who frowned upon it simply because it was in the hands of impostors. As if a diamond would lose in value by being covered with mud. It will lose none of its lustre, but will sparkle as it did of yore, and some day a pair of sharp eyes will detect it and it will be removed from its obscurity.

The medical profession must be congratulated that it has placed it among the remedies for weak and ailing mankind. Dr. H. F. Witt affirmes that it has been especially "cultivated" in France and that the best works on the subject have been written by French physicians. Dr. Joseph Schreiber (Das Medicinishe Paris. Wien. 1883) informs us that massage has been heretofore regarded as charlatanism in France and that the French are now slowly becoming aware of its merits. Massage is the tapping, kneading and stroking of the muscles and the tissues under and overlying them, for the purpose of removal of collections and effusions (blood etc.) and of neoplasms or new formations. It promotes the reabsorption of thrown out material by means of the lymph vessels and glands. The current in the vessels and glands of the lymphatic system depends on the actions of the muscles and by imitating their action massage favors absorption.

According to Philippeau (Paris 1870) massage is an intermittent compression varying from a mere touch to almost a crushing of the tissues between the bone of the patient and the hand of the masseur. A masseur is a male person, who makes a business of massage; a female

rubber is called masseuse. The intermittent pressure in massage divides soft granulations or fungosities or destroys them by tearing their nutrient vessels. It increases the vital properties of vasomotor nerves and causes contraction of the muscles.

By the constantly repeated passive movements of the joints, massage is in direct opposition to the methods of absolute rest of modern surgery; often practiced to the detriment of patients and resulting in anchylosis, etc.

As regards the technique of massage, the various authors speak of "frictions, foulage, petrissage, sciage, malaxation, pincement, percussion, hachure, claquement, vibrations, etc." These terms taken from the French language, and the fact that the French have invented the names massage, masseur and masseuse, go to show that Dr. J. Schreiber's statement, mentioned above is essentially wrong, and are in support of Dr. H. Witt.

It will do for all practical purposes to adopt five manipulations. 1st. Massage by friction, introduced by Dr. Metzger, the celebrated Dutch masseur. First of all, the skin over the part to be operated upon is well oiled or besmeared with glycerine. Then it is taken up between two or more fingers of the one hand and pressed and rolled and pinched, while the fingers of the other hand are made to rub in a direction toward the center, thus removing the loosened tissue. 2nd. The centripetal stroke; the effleurage of the French; one hand is applied below the diseased part, for instance the knee, so that the palmar surface is in close approximation with it. Then the hand is shoved upwards, while the other hand takes its place. Before the second has come above the diseased part, the first takes its place, alternatingly these movements are repeated. 3rd. Petrissage or kneading; with both hands the skin and muscles are lifted up by taking hold of them between the thumb and fingers. The parts are moved to and fro, while the fingers are changed singly, and the parts squeezed out as it were towards the centre. 4th. Tapottement or massage by percussion. The skin is slapped either with the hand made hollow or flat, with the fist or with small mallets. 5th. The passive motions and movements of the joints and muscles. For most cases a seance of from 15 to 25 minutes twice a day is all sufficient. In acute cases it is better to have a sitting every two hours and if effleurage alone is employed to continue it one half hour.

Mosengeil advocates the use of electricity (either the constant or

inductive current) in cases where organic changes have already taken place in the muscles and connective tissue, and has witnessed favorable results from this combination.

Coming to speak of the therapy of massage, I would first of all remind the reader, that its failure in various diseases is often due to the inefficient manner in which it is applied by laymen; where a professional masseur cannot be obtained, and where massage is necessary or desirable, it is far better if the physician goes through the different manipulations himself, than to leave them to laymen.

According to Bonnet, massage is highly useful in the chronic inflammations of the joints, as sub-acute and chronic synovitis, tenosynovitis and periarticular inflammation. It promotes the reabsorption of blood in all cases, where hematic effusions have taken place, and is of undoubtable service in peri-articular and intracapsular blood effusions. Adhesions between tendons and their sheaths are removed by massage. In non-bony anchylosis it is also of utility, and should be applied. If no cure can be brought about, decided improvement at least will follow.

Pain is very often completely relieved by effleurage The action of massage on fungosities and neoplasms has been related above.

Mullier recommends it as a remedy for sprains and bruises with strong hematic effusions. It is seldom necessary to apply massage for more than two or three days; Mullier also advocates its use in fractures, where much swelling obscures the diagnosis.

The author has seen good results from massage for the stiffness of the joints (especially the fingers) following rheumatism, and thinks massage a means of value in relieving the stiffness of the joints of the paralysed, which always remains for some time after these persons have regained the use of their muscles.

AUTHORITIES REFERRED TO.

Dr. Von Hilleday—*Nord. med. ark. 1876.* Dr. Von Mosengeil—*Langenbeck's archiv* xix.. 3. 4. Dr. H. F. Witt—*Langenbeck's archiv*, xviii. 2. Mullier—*Archives Medic. Belges. No. 7. 1875.*

PROF. Von Hecker reports a case (*Wien. Med. Bl.*, 1882, No. 40) in whom the induction of premature labor had been performed eight times without injury to the mother; all but one of the children were born alive; but died afterwards from neglect on the part of the mother.

ARTICLE V.

TRANSVERSE RUPTURE OF URETHRA.—OBSTRUCTION.—ASPIRATION OF THE BLADDER.—EXTERNAL URETHROTOMY.—RECOVERY.

By GEORGE H. ROHÉ, M. D.,
Professor of Hygiene and Clinical Dermatology, College of Physicians and Surgeons, Baltimore.

J. B., German, aged 38, Stevedore, was engaged in unloading cargo of a vessel on April 14, 1881. While standing at the edge of the hatchway and directing some men who were below, he fell astride the combing of the hatchway and struck violently upon his perineum. The pain and shock were so great that he became unconscious. He soon revived however and was carried to his home, about a mile and a half from the scene of accident. I saw him about an hour later when he presented the following condition:

Shock has nearly entirely passed off; patient is entirely conscious and related clearly the details of the accident. He has had some whiskey but no other treatment. On examination the perineum was found much bruised, discolored and swollen, but the skin unbroken. No evidence of infiltration of urine. Complains of soreness and pain on pressure in perineal region. Bright red (arterial) blood escaping freely from the urethra. Had not passed urine since the accident. Repeated attempts to pass a soft Nelaton catheter, No. 14 Fr., resulted in failure. Attempts at catheterisation were discontinued and the penis bandaged with a narrow roller bandage and ice applied to the perineum. In a few hours the bleeding ceased, and during the night a small quantity of urine was passed *per urethram*. The next morning the patient felt moderately comfortable; but obstruction to the flow of urine again coming on, warm poultices were applied with partial relief. Under symptomatic treatment the patient improved rapidly, and in the course of a week was able to walk out. The urine was, however, voided with considerable difficulty, and the stream became gradually smaller, until on May 22, more than a month after the accident, complete obstruction to the passage of urine occurred. Repeated and patient attempts with soft rubber and metallic catheters and bougies of all sizes down to the smallest filiform, failed to reach the bladder. At no time after the accident could any in-

strument be passed through the obstruction. On the 23d and 24th of May, the bladder was aspirated, about a quart of urine being drawn off each time. The patient was suffering greatly, rapidly becoming weaker, and urgently demanded relief. No other chance of life appearing, it was determined to perform external urethrotomy without a guide, which was done under ether on the following day, with the assistance of Drs. B. F. Leonard, J. W. Chambers and Wilmer Brinton. A small vessel required ligation during the operation. The urethra was found after some difficulty, and the canal laid open for upward of an inch through the mass of cicatricial tissue which formed the obstruction. A catheter was then introduced through the urethra and kept *in situ*. The patient was put to bed and ten grains of quinia with one quarter of a grain of morphia administered. He passed a quiet day and night, but on the following day cystitis supervened and caused the most violent strangury, requiring large doses of morphia for its relief. After the removal of the catheter on the second day, the urine was passed partly through the urethra and partly through the wound in the perineum. For several days the suffering from the cystitis was very severe, but at the end of two weeks, the perineal wound had closed and the urine was passed *per urethram* without difficulty. For some months a steel sound No. 25 Fr. was passed at intervals, and he is now—over two years after the operation—entirely well, having never since had any difficulty in passing his urine.

The urethra had been directly cut across in the membranous portion by the fall upon the perineum, and while at first the urine found its way out, no instrument could be passed through the injured part of the organ. When repair and contraction of the tissues began, the small channel had been entirely closed up, causing complete obstruction.

The catheter was left in the bladder after the operation as advised by Erichsen. I feel sure however, from what I learned in this and other cases of operations upon the urethra that the better practice would be not to leave an instrument in the bladder. I think the cystitis, which was so violent in this case as to give me considerable concern, was altogether due to the vesical irritation produced by the catheter.

ARTICLE VI.

EXCISION OF SUPERIOR MAXILLARY BONE FOR CARIES—RECOVERY.

By ALFRED Fr. NAULTEUS, M. D., Grand Island, Nebraska.

E. R. A., white, American, 36 years of age, consulted me in May, 1882, for the relief of a swelling of the left upper jaw which had given him much trouble for several years. During the last five months the pain had become very severe, interfering with sleep. He also complained of loss of appetite, and more or less general discomfort.

On examination the left side of the face was found swollen, congested, and firm to the touch. Just below the anterior malar process is a fistula through which the probe passes for a distance of one inch, when it impinges on the superior maxillary bone. By moving the probe in various directions an opening was discovered in the bone, which leads into the antrum of Highmore. The probe could be passed in a distance of four inches in the direction of the floor of the orbit. The surface of the bone was roughened and when the probe was withdrawn it was found blackened—an indication of caries.

A yellowish, offensive pus was discharged through this opening, which felt gritty when rubbed between the fingers.

The last bicuspid and the molar teeth on this side were badly decayed. A fistula existed at the site of the second molar, through which pus could be sucked from above. A probe introduced through this fistula could be felt by the one introduced from the cheek.

Very offensive pus was discharged from the left nostril. With a third probe passed into the opening, the other two probes could be distinctly felt. A diagnosis of caries of the superior maxillary with extensive destruction of bone, was made, and the patient advised to submit to excision of the diseased bone, to which he consented.

The decayed teeth were extracted, and the cavity washed out with a three *per cent.* solution of carbolic acid in tepid water. The patient was also put upon a course of tonics for two weeks prior to the operation, which was done on the 25th of May, 1882.

On the morning of the day of operation the patient was given a tablespoonful of whiskey every hour until he was slightly under the influence of the stimulant. Chloroform was then administered and

the patient placed in the lateral position with the face toward the light, and the operation done after the method of Liston.

The first incision, from the angle of the mouth and outward, was made down to, but not through the mucous membrane, in order to prevent the blood from flowing into the mouth. When the bleeding ceased the incision was made along the nose and through the upper lip, and the tissues, including the periosteum were dissected up from the bone. When this had been done the incision was carried through the mucous membrane and the flap turned up.

The bone was then removed, with a portion of the malar. The orbital plate was also partly exsected.

After drying the cavity, it was filled with iodoform, and the edges of the wound brought together with sutures.

The iodoform produced no bad effects on the system. On the day after the operation the temperature rose to 99.6° F., but never higher, and on the third day had returned to the normal.

The incisions healed by first intention, leaving barely a scar.

At present, over a year after the operation, there is no perceptible deformity and the eye remains in its normal position, although robbed of a portion of its floor.

SOCIETY REPORTS.

THE AMERICAN MEDICAL ASSOCIATION.*

The thirty-fourth annual meeting of the American Medical Association was held in Cleveland, Ohio, on June 5th, 6th, 7th and 8th. The attendance was large and enthusiastic, and much excellent work was done in the various sections. The general addresses were marked by good judgment in the selection of topics discussed, and exhibited an excellent knowledge of the literature of the several branches on the part of the speakers. The wealthy citizens of Cleveland vied with each other in entertaining the visiting members and delegates, while the newspapers gave a full account daily of the proceedings.

*This summary is made up from the daily reports in the *Cleveland Herald* for June 5th, 6th, 7th, 8th and 9th; and the report in the *Medical Record* for June 9th.

The president, Dr. John L. Atlee, varied from the usual course in his annual address, and gave an interesting account of the peculiarities of medical education and practice, and of the prominent men in the profession about the time he began his medical studies in 1815. He closed with a reference to the code of ethics and the advantages that had accrued to the profession from its adoption.

An innovation was made by the committee of arrangements, by authority of the judicial council, requiring all permanent and delegate members to sign a declaration binding them to maintain and defend the constitution, the by-laws and the code of ethics of the association. A number of those present protested against this innovation, but no one was allowed to register until he had signed the blank form. A disagreement about this requirement deprived Dr. D. H. Goodwillie of New York of the chairmanship of his section (oral surgery) to which he had been appointed last year, as well as his membership in the association, for on the last day of the meeting the judicial council ordered that Dr. Goodwillie's registration be cancelled, and his annual dues returned to him.

The board of trustees on journalizing the transactions, reported that all preliminaries had been arranged, and the publication of the journal to be called "*The Journal of the American Medical Association,*" could begin in July. Pledges had been secured which warranted the statement that the journal could begin with a subscription list of 2500. An editor had been secured in Dr. N. S. Davis, and Chicago was fixed upon as the place of publication. The report was adopted with a few dissenting votes.

A communication from the St. Louis Medical Society, asking for the appointment of a committee to consider the advisability of revising the code of ethics, and report thereon at the meeting in 1884, was promptly laid on the table.

The standing committee on atmospheric conditions and their relation to the prevalence of disease, presented a report which was ordered printed in the transactions of the association.

Resolutions were adopted urging upon Congress the necessity of having fire-proof buildings for the preservation of the National Medical Library and Museum, and requesting increased appropriations to carry on the work of these institutions; also for the appointment of a committee of one member of the association from each state to urge upon each state legislature the propriety of enacting more

stringent laws in relation to the sale of poisons; also urging the establishment of training-schools for nurses; also for the appointment of a committee to urge upon Congress the necessity of enforcing competent sanitary service on board all trans-oceanic passenger vessels. On this committee Drs. A. N. Bell, A. L Gihon, Henry O. Marcy, I. N. Quimby and H. H. Smith were appointed.

The next meeting will be held in Washington, D. C., on the first Tuesday in May, 1884.

The committee on nominations reported the following names:

President—Austin Flint, New York. *Vice-Presidents*—R. A. Kinloch, South Carolina; T. B. Lester, Kansas City; A. L. Gihon, U. S. Navy; S. C. Gordon, Maine. *Treasurer*—R. J. Dunglison, Pennsylvania. *Librarian*—C. H. A. Kleinschmidt, District of Columbia. *Chairman Committee of Arrangements*—A. Y. P. Garnett, Washington, D. C. *Assistant Secretary*—D. W. Prentiss, Washington, D. C. *Members Judicial Council*—F. D. Cunningham, Virginia; H. O. Marcy, Massachusetts; W. O. Baldwin, Alabama; J. S. Billings, U. S. Army; N. W. Miller, U. S. Marine Hospital Service; E. Grissom, North Carolina; R. N. Todd, Indiana, to fill vacancy; E. W. Clark, Iowa.

Committee on Necrology—J. M. Toner, Washington, D. C., Chairman; R. F. Michel, Alabama; Wm. Turner, Arkansas; H. M. Gibbons, Jr., California; C. Dennison, Colorado; C. H. Pinney, Connecticut; J. B. Van Velsor, Dakota; H. F. Campbell, Georgia; J. H. Chew, Illinois; W. Lomax, Indiana; S. B. Chase, Iowa; C. V. Moltram, Kansas; W. B. Reynolds, Kentucky; E. Lewis, Louisiana; A. J. Fuller, Maine; C. Johnston, Maryland; J. H. Gilman, Massachusetts; W. F. Breakey, Michigan; F. A. Dunsmoor, Minnesota; W. Johnson, Mississippi; W. H. Mudd, Missouri; R. C. Moore, Nebraska; H. D. Didama, New York; G. F. Welch, New Jersey; H. Haywood, North Carolina; S. Loving, Ohio; F. Woodbury, Pennsylvania; W. E. Anthony, Rhode Island; J. B. Lindsley, Tennessee; M. D. Knox, Texas; O. F. Fassett, Vermont; L. B. Edwards, Virginia; S. L. Jepson, West Virginia; E. L. Boothby, Wisconsin; W. S. Forwood, U. S. Army; A. L. Gihon, U. S. Navy; W. Wyman, U. S. Marine Hospital Service; F. P. Porcher, South Carolina; W. H. Page, New Mexico; Wm. Lee, District of Columbia; W. Marshall, Delaware; W. H. Carpenter, Oregon.

OFFICERS OF SECTIONS.

Practice of Medicine—J. V. Shoemaker, Pennsylvania, Chairman; W. C. Wile, Conn., Secretary. *Surgery and Anatomy*—C. T. Parks, Illinois, Chairman; H. O. Walker, Michigan, Secretary. *Obstetrics and Diseases of Women*—T. A. Reamy, Chairman, Cincinnati, Ohio; J. T. Jelks, Arkansas, Secretary. *State Medicine*—D. J. Roberts, Tennessee, Chairman; Franzoni, Washington, Secretary; *Members of Section on State Medicine*—J. Cochran, Alabama; J. J. McAlmat, Arkansas; W. D. McNutt, California; Chas. Dennison, Colorado; C. W. Chamberlain, Connecticut; J. B. Van Velsor, Dakota; J. P. Logan, Georgia; O. C. Dewolf, Illinois; G. Sutton, Indiana; W. S. Robertson, Iowa; D. W. Stormont, Kansas; J. P. Thompson, Kentucky; S. E. Chaillé, Louisiana; S. H. Weeks, Maine; John Morris, Maryland; H. I. Bowditch, Massachusetts; F. K. Owen, Michigan; C. N. Hewitt, Minnesota; N. M. Milligan, New Mexico; S. Townshend, D. C.; M. Simons, South Carolina; S. P. Bush, Delaware; H. H. Carpenter, Oregon; H. A. Gault, Mississippi; L. Hall, Missouri; L. Larsh, Nebraska; E. M. Moore, New York; E. M. Hunt, New Jersey; J. McKee, North Carolina: T. L. Neal, Ohio; R. J. Dunglison, Pennsyvania; C. H. Fisher, Rhode Island; C. C. Fite, Tennessee; T. D. Wooten, Texas; S. W. Thayer, Vermont; J. L. Cabell, Virginia; Moffat, West Virginia; T. J. Reeve, Wisconsin; J. R. Smith, United States Army; J. M. Brown, United States Navy; P. H. Bailhache, United States Marine Hospital Service. *Ophthalmology Otology and Laryngology*—J. J. Chisolm, Baltimore. Chairman; Thompson, Indianapolis, Secretary. *Diseases of Children*—Wm. Lee, Maryland, Chairman; W. R. Tipton, New Mexico, Secretary. *Oral and Dental Surgery*—T. W. Brophy, Illinois, Chairman; J. S. Marshall, Illinois, Secretary.

The following were appointed delegates to foreign Medical Societies: Drs. G. J. Engelmann, E Borck and T. F. Prewitt, Missouri; M. H. Alter, W. M. Finley, W. L. Ziegler and E. P. Allen, Pennsylvania; R. B. Cole and Wm. M. Lawler, California; C. H. Von Klein, Ohio; Henry A. Martin, J. H. Warren, Massachusetts; J. C. Hutchinson, New York: A. M House and H. McCall, Michigan; J. N. Quimby, New Jersey and S. C. Gordon, Maine.

Now is the best time to subscribe to the MEDICAL CHRONICLE.

CURRENT LITERATURE.

THE TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION FOR 1882.

The volume before us closes the series of annual transactions of the association in their present shape. The establishment of the new association *Journal* will enable the papers read at the annual meetings to reach the members at an earlier period than heretofore, besides furnishing a medium of communication between the members and the general profession at other times than merely during the sessions of the association. We believe the issue of the first number of the *Journal* will be the inauguration of a new era of prosperity in the association.

The volume above noted contains the usual number of papers, only a few of them deserving more than passing attention.

The only contribution from Maryland is by Dr. Wm. Lee, on the treatment of Rickets.

An index to the entire thirty-three volumes of transactions of the association is needed, and, it is hoped, will be soon published.

SIXTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF NEW JERSEY. 1882,

This report of the New Jersey board contains a series of valuable papers on small-pox and vaccination, by the secretary, Dr. E. M. Hunt, and Drs. T. F. Wood, of North Carolina, E. L. Griffin, of Wisconsin, and E. J. Marsh, of New Jersey. Also papers on the disposal of sewage in cities and towns, on enteric fever and cess-pool dangers. A report upon health foods, invalid foods and infant foods and a number of other papers and reports of value, together with the report on vital statistics, make up the volume.

SMALL-POX AND VACCINATION. By Stanford E. Chaillé, M. D. Written at the request of, and published by the New Orleans Auxiliary Sanitary Association. New Orleans, 1883. Pp. 28.

This pamphlet gives a concise summary of facts conerning the propagation of small pox, and of the efficacy of vaccination in preventing the same. It is one of a series of valuable tracts published by the Sanitary Association for the information of the public of the Crescent City.

What Shall We Do With Chloroform? By Joseph T. Smith, M. D. Reprinted from *Southern Clinic.* Pp. 8.

Report on the Pharmacopœias of All Nations. By Dr. James M. Flint, U. S. Navy. Extract from Report of the Surgeon-General of the Navy for 1882. Pp. 28.

An interesting comparison of the various national pharmacopœias.

EDITORIAL.

PRO DOMO.

With this issue the first volume of the MEDICAL CHRONICLE is completed.

It gives us pleasure to say that the success of the CHRONICLE during its brief existence has been of such a character as to justify certain changes in its make-up which will render it possible to give nearly twice as much reading matter as at present.

Those features of the journal which have made it so popular with its readers, will be continued in the new volume, and others will be introduced, which will commend themselves to the practical needs of the physician.

Arrangements have been made which will enable us to give, during the coming year, a series of letters from Europe, on matters of interest and importance to the profession.

The editorial colums will remain, as heretofore, under the exclusive control of the editor, who assumes personal responsibility for all statements made under this heading.

Believing that the success of a medical journal should depend more upon its merits than upon its promises, we leave the judgment with our readers.

We hope those who are now subscribers will continue their patronage, and that those of our readers who are not yet on our subscription list, will hasten to remedy the deficiency.

The subscription price will remain, as heretofore, *one dollar per year.*

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

The most important work accomplished by the American Medical Association at the Cleveland meeting was unquestionably the definitive establishment of the Association Journal. While it will doubtless be some years before the *Journal* can take a position similar to that now occupied by the *British Medical Journal*, there can be no doubt of the great influence that can, and doubtless will be exerted by the *Journal* in favor of a higher standard of medical education. The selection of Dr. N. S. Davis as editor, is assurance that this will be one of the leading notes in its policy.

We believe no more judicious selection could have been made by the board of trustees for this responsible position, and our sincerest wish is, that "the Father of the American Medical Association" may be spared for many years to perform the new duties the association has imposed upon him.

We look forward to a temperate and rational discussion, in the pages of the *Journal of the American Medical Association*, of the ethical problem which has caused such an unhappy estrangement between the profession in the state of New York and the rest of the country. Dr. Davis, as editor of the Association *Journal*, and Dr. Flint, as President of the Association, both known adherents and advocates of the present code and having almost unbounded influence in the association, have it in their power to restore harmony to the profession throughout the country within the next twelve months. We look forward with confidence to a realisation of this anticipation.

THE WOMAN'S MEDICAL COLLEGE OF BALTIMORE.

From the Second Annual Announcement of the Woman's Medical College of Baltimore, we learn that the success of the institution has been, during the first year of its existence, greater than the most sanguine of its supporters anticipated. When the venture was first announced, about a year ago, it received but scant encouragement on the part of many members of the profession. We believe that the determination of the faculty of the college to maintain a high standard, and give to its students a thorough medical education, has dis-

armed much of the opposition at first manifested toward the new organization.

The College will hereafter require a preliminary education in the usual English branches taught in the public schools, and the length of the lecture term has been fixed at seven months. A three year's course is recommended, though not obligatory.

We trust the institution will meet with the success it deserves. The next course of lectures will begin on Monday, October 1st, 1883.

FLOTSAM.

General Alexander Shaler has been appointed Health Commissioner of New York, to succeed Prof. C. F. Chandler.

The Pennsylvania legislature has passed a fair and just law to regulate dissection. It is to be hoped that the committee of the Medical and Chirurgical Faculty of Maryland may induce our General Assembly to give us a simular law next winter.

Missouri now has a law to regulate medical practice. The law seems to be simular to that in force in Illinois; the state board of health has power to grant licenses on the exhibition of a recognized diploma, or on examination of the applicant.

Bearding the lion, etc.—It appears from a report in the *Medical Record*, that a former professor in a Homœopathic Medical College participated in the discussion of the dental section of the American Medical Association at Cleveland.

Governor Cleveland of New York deserves the support of the medical profession of that state. He has declined to sign the bill passed by the legislature to legalize the degrees of the United States Medical College, which were recently declared invalid by the courts.

Prof, Wm. E. A. Aikin, who has held the chair of Chemistry in the medical department of the University of Maryland for many years, has retired from the active duties of the chair and has been elected professor emeritus in the University. Professor Aikin's old pupils wish him many years' enjoyment of the leisure so well earned by his long and arduous service.

The editor of an alleged medical journal printed in New York finds fault with the size of the Chronicle. Well, a yellow-jacket is small and does very little buzzing; but he makes it lively for people when he gets down to business. We

propose to make it lively for some people who bear false witness. "The bearings of this observation lays in the application on it."

THE Association of American Medical Editors met in Cleveland, June 5th, and elected the following officers for the current year: *President*, Dr. Leartus Connor, of the *Detroit Lancet; Vice-President*, Dr. Thomas Gallagher, of the *Pittsburg Medical Journal; Secretary*, Dr. Jno. V. Shoemaker, of the *Medical Bulletin*. Addresses were delivered by Drs. N. S. Davis and Hy. O. Marcy.

A CASE of strychnia poisoning in a dog is reported in the *N. Y. Medical Journal* by Mr. F. S. Billings, V. S., of Boston. Twelve grains of tartar emetic and seventy-five grains of powdered ipecacuanha were administered in two doses, producing violent emesis and muscular relaxation. Three hypodermic injections of atropia (one-sixteenth gr. each) were then given in the course of an hour. A mustard poultice along the spine for half an hour, and keeping the patient warm and quiet, completed the cure.

DR. REEVES, Secretary of the State Board of Health of West Virginia, has done the people of that state a service by exposing the villainous character of an itinerant quack by the name of Hale, who claims to be a graduate of the American Eclectic Medical College of Cincinnati, one of the delectable diploma mills that flourish in the carboniferous atmosphere of Porkopolis. The exposure which is made in the Wheeling *News-Letter* should be sufficient to destroy "Doctor" Hale's business prospects in the Ohio Valley.

A RARE example of manliness is exhibited by Dr. R. B. Morison, in the *Maryland Medical Journal*, May 5, p. 1. In a recent paper published in the same journal, Dr. Morison claimed to have discovered certain micro-organisms (bacteria) in syphilitic fluid, while such organisms were absent from fluids derived from lesions not syphilitic. On repeating his experiments under different conditions, he states that he is "not only forced to deny the pathogenic nature of the micro-organisms described in his first communication, but also to add his conviction that their presence in the secretions was due to external influences."

FROM the report of the board of health of Memphis for 1882, we learn that the reduction in the death-rate from the previous year was nearly 10 per thousand, basing the calculation upon the population as given by the census of 1880. As there can be no doubt that the population has increased, the death-rate based upon the actual population, would doubtless show a still more favorable relation. The acute specific diseases were present in a decidedly minor proportion, negativing the opinion elsewhere generally entertained. There seems little room for doubt that the introduction of the Waring sewerage system has been of decided benefit to the health of that city. As we have been among the doubters heretofore, it gives us pleasure to make this statement.

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